1-2397 B-0546 -C

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Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000078874 (1)**

1. Corporation Name
AUTO-CASH TITLE LOANS 2, INC.

Principal Place of Business	Mailing Address
30860 US 19 NOTH PALM HARBOR FL 34684 US	6838 PARK BOULEVARD PINELLAS PARK FL 33781-3036

3. Date Incorporated or Qualified: **10/10/1995**
3a. Date of Last Report: **03/14/1996**

2. Principal Place of Business
21:
Suite, Apt. # etc.
22:
City & State
23:
Zip / Country
24: 25:

2a. Mailing Address
26: 30860 - US-19 North
Suite, Apt #, etc.
27:
City & State
28: PALM HARBOR, FLA
Zip / Country
29: 34684 30: Pinellas

4. FEI Number: **59-3347738** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SAMAHA, JOHN N
6838 PARK BLVD
PINELLAS PARK FL 34665

10. Name and Address of New Registered Agent

81 Name: MARSHALL GOOTSON
82 Street Address (P.O. Box Number is Not Acceptable): 30860 - US - 19 - N.
83:
84 City: Palm Harbor 34684 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: X Marshall Gootson
Signature required for each registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SAMAHA, JOHN N		1.2 NAME		
STREET ADDRESS	6838 PARK BOULEVARD		1.3 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL 34665		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MARGARITIS, DOROTHY		2.2 NAME		
STREET ADDRESS	6838 PARK BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PA		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MARSHALL, GOOTSON		3.2 NAME		
STREET ADDRESS	30860 US 19 NORTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GOOTSON, BARRY		4.2 NAME		
STREET ADDRESS	30860 US 19 NORTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [illegible] Marshall Gootson 1-15-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
0363987