

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000085253 (9)

1. Corporation Name

SOUTHEAST TITLE LOAN CO. I, INC.



Principal Place of Business

735 N.W. 22ND AVENUE
MIAMI FL 33125

Mailing Address

735 N.W. 22ND AVENUE
MIAMI FL 33125

3. Date Incorporated or Qualified
11/06/1995

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 8601 Dunwoody Place

27 Suite 406

28 Atlanta GA

29 30350 30 US

4. FEI Number

58-2207205

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

CAPPS, GERALD N ESQUIRE
735 N.W. 22ND AVENUE
MIAMI FL 33125

10. Name and Address of New Registered Agent

81 ET Corporation System
82 Street Address (P.O. Box Number is Not Acceptable)
83 1200 South Pine Island Rd.
84 City Plantation FL 85 Zip Code 33324

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 duties of, Section 607.0505.

SIGNATURE

JENNIFER F AULTMAN
ASSISTANT SECRETARY

4/24/96

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME AYCOX, RODERICK
STREET ADDRESS 8601 DUNWOODY PLACE
CITY-ST-ZIP ATLANTA GA 30350

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 8601 Dunwoody Place, Suite 406
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS 300001804243
5.4 CITY-ST-ZIP -05/02/96--01012--028

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

RODERICK AYCOX PRES

4-22-96

670-652-2840

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)