FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
Mar 13 1997 8:00am
Secretary of State

DOCUMENT # **P95000085272 (9)**

1\. Corporation Name
SOUTHEAST TITLE LOAN CO. VI, INC.

Principal Place of Business
735 N.W. 22ND AVENUE
MIAMI FL 33125

Mailing Address
8601 DUNWOODY PL
STE 406
ATLANTA GA 30350-2550

3\. Date Incorporated or Qualified: 11/06/1995
3a. Date of Last Report: 05/01/1996
4\. FEI Number: 58-2207273 — 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 [X] Yes [ ] No

2\. Principal Place of Business
21 971 East Tennessee
22 Suite, Apt. #, etc.
23 City & State: Tallahassee, FL
24 Zip: 32308 25 Country: USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9\. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S PINE ISLAND RD.
PLANTATION FL 33324

10\. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 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 and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 607, Florida Statutes.

SIGNATURE — Registered Agent or if Agent is an Entity, Officer of the Entity — DATE

12\. OFFICERS AND DIRECTORS

PSD
AYCOX, RODERICK
8601 DUNWOODY PLACE STE 406
ATLANTA GA 30350
[ ] DELETE

[ ] DELETE
[ ] DELETE
[ ] DELETE
[ ] DELETE
[ ] DELETE

13\. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		Change	Addition
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 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 / 5.4 CITY-ST-ZIP		[ ]	[ ]
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		[ ]	[ ]

CR2E034 (9/96)

14\. I 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 report or supplemental 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, Director 2/27/97 (770) 552-9840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C012660