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 # **P95000085276 (0)**

1. **SOUTHEAST TITLE LOAN CO. VII, INC.**

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

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

2. Principal Place of Business
21 971 East Tennessee
22
23 Tallahassee, FL
24 Zip 32308 25 Country USA

2a. Mailing Address
26
27
28
29 Zip
30 Country

3. Date Incorporated or Qualified: **11/06/1995**

3a. Date of Last Report: **05/01/1996**

4. FEI Number: **58-2207275** 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. 193.0702, Florida Statutes [X] Yes [ ] No

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. [illegible] Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered [illegible] State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered [illegible] of s. 607.0505, Florida Statutes.

[illegible]

12. OFFICERS AND DIRECTORS

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

[ ] DELETE

[ ] DELETE

[ ] DELETE

[ ] DELETE

[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY ST ZIP
[ ] Change [ ] Addition

1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY ST ZIP
[ ] Change [ ] Addition

1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY ST ZIP
[ ] Change [ ] Addition

1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY ST ZIP
[ ] Change [ ] Addition

1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY ST ZIP
[ ] Change [ ] Addition

1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY ST ZIP
[ ] Change [ ] Addition

14. [illegible] I further certify that the [illegible] and accurate and that my signature shall have the same legal effect as if made under oath. [illegible] Florida Statutes; and that my name [illegible] with all accuracy.

SIGNATURE: [signature]
SIGNATURE AND TITLE OR TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Roderick Aycox, Director 2/27/97 (770) 552-9840
Date Daytime Phone #

CR2E032 (9/95)

0012637