FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000085280 (2)**

1. Corporation Name

SOUTHEAST TITLE LOAN CO. VIII, INC.

Principal Place of Business	Mailing Address
735 N.W. 22ND AVENUE MIAMI FL 33125	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 24: Country 25:

2a. Mailing Address
26: 8601 Dunwoody Place

Suite, Apt. #, etc.
27: Suite 406

City & State
28: Atlanta GA

Zip 29: 30350 Country 30: US

4. FEI Number: 58-2207277 ☐ 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 Name: CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd.
83:
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 its 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: JENNIFER P AULTMAN ASSISTANT SECRETARY DATE: 4/29/96
(Signature required or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (1-12)	
TITLE	PSD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	AYCOX, RODERICK		1.2 NAME	
STREET ADDRESS	8601 DUNWOODY PLACE		1.3 STREET ADDRESS	8601 Dunwoody Place, Ste 406
CITY-ST-ZIP	ATLANTA GA 30350		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	500001804255
STREET ADDRESS			5.3 STREET ADDRESS	-05/02/96--01012--034
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***200.00
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	

5/1/96 JR

CR2E034 (12/95)

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)(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: RODERICK AYCOX - PRES 4-22-96 (770) 552-9840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #