

Jun 06 1997 8:00am
Secretary of State

<div>PROFIT CORPORATION ANNUAL REPORT 1997</div> <div></div>		<div>FLORIDA DEPARTMENT OF STATE Sandra B. Northcutt Secretary of State DIVISION OF CORPORATIONS</div>		<div>Jun 06 1997 8:00am Secretary of State</div>	
<div>DOCUMENT # P95000097120 (6) 1. Corporation Name ALTERNATIVE TITLE LOAN, INC.</div>					
<div>Principal Place of Business 801 RIDGEWOOD STE 1 DGEWATER FL 32132</div>			<div>Mailing Address 201 RIDGEWOOD STE 1 DGEWATER FL 32132</div>		
<div>2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24</div>		<div>2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29</div>		<div>3. Date Incorporated or Qualified 12/26/1995 3a. Date of Last Report 05/01/1996 4. FEI Number APPLIED FOR 59-3389726 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 8. Name and Address of Current Registered Agent BECK, DAVID B 408 N. WILD OLIVE AVE. DAYTONA BEACH FL 32118 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code</div>	
<div>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.</div>					
<div>SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</div>					
<div>12. OFFICERS AND DIRECTORS TITLE DP NAME LITTLE, JERRY STREET ADDRESS 1526 LEWIS LANE CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 TITLE DST NAME LITTLE, SUSAN H STREET ADDRESS 1526 LEWIS LANE CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP</div>			<div>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 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</div>		
<div>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.</div>					
<div>SIGNATURE 11 26 97</div>					