

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000007502 (3)

1. Corporation Name

SPEEDY TITLE LOANS, INC.



Principal Place of Business % BARTNICK, P.A. 2300 GLADES ROAD, SUITE 415 EAST BOCA RATON FL 33431	Mailing Address % BARTNICK, P.A. 2300 GLADES ROAD, SUITE 415 EAST BOCA RATON FL 33431
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

01/22/1996

4. FEI Number

65-0634540

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 owes or has paid the current year Intangible Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business  
21 77 N.E. 167th STREET

2a. Mailing Address  
26 2101 CORPORATE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 NORTH MIAMI BEACH, FL

28 BOCA RATON, FL

Zip

Country

Zip

Country

24 33162

25 U.S.

29 33431

30 U.S.

9. Name and Address of Current Registered Agent

THOMAS, DONALD J  
4730 NW BOCA RATON BLVD.  
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name JOEL LEVY  
LEVY & ASSOCIATES, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)  
2101 Corporate Blvd

83 Suite 317

84 City Boca Raton

FL

85 Zip Code 33431

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BOYMAN, SAUL	
STREET ADDRESS	2300 GLADES ROAD	
CITY-ST-ZIP	BOCA RATON FL 33431	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BOYMAN, EVELYN	
STREET ADDRESS	2300 GLADES ROAD, SUITE 415 EAST	
CITY-ST-ZIP	BOCA RATON FL 33431	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BOYMAN, SAUL
1.3 STREET ADDRESS	16903 - C ISLE OF PALM DRIVE
1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33484

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BOYMAN, EVELYN
2.3 STREET ADDRESS	16903 - C ISLE OF PALM DRIVE
2.4 CITY-ST-ZIP	DELRAY BEACH, FL 33484

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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:

*Sandra B. Mortham* REQUIRED

1-30-98

305-653-9367

CR2E034 (10/97)