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May 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000010486 (4)

1. Corporation Name
CASH EXPRESS TITLE LOANS, INC.



Principal Place of Business
7880 SUNDOWN DRIVE
ST. PETERSBURG FL 33709

Mailing Address
7880 SUNDOWN DRIVE
ST. PETERSBURG FL 33709-1254

3. Date Incorporated or Qualified 02/01/1996	3a. Date of Last Report
4. FEI Number 59-3358136	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

RENNERT, RICHARD
7880 SUNDOWN DRIVE
ST. PETERSBURG FL 33709

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1.1 TITLE	1.1 TITLE	1.1 TITLE
NAME	1.2 NAME	1.2 NAME	1.2 NAME
STREET ADDRESS	1.3 STREET ADDRESS	1.3 STREET ADDRESS	1.3 STREET ADDRESS
CITY - ST - ZIP	1.4 CITY - ST - ZIP	1.4 CITY - ST - ZIP	1.4 CITY - ST - ZIP
TITLE	2.1 TITLE	2.1 TITLE	2.1 TITLE
NAME	2.2 NAME	2.2 NAME	2.2 NAME
STREET ADDRESS	2.3 STREET ADDRESS	2.3 STREET ADDRESS	2.3 STREET ADDRESS
CITY - ST - ZIP	2.4 CITY - ST - ZIP	2.4 CITY - ST - ZIP	2.4 CITY - ST - ZIP
TITLE	3.1 TITLE	3.1 TITLE	3.1 TITLE
NAME	3.2 NAME	3.2 NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS	3.3 STREET ADDRESS	3.3 STREET ADDRESS
CITY - ST - ZIP	3.4 CITY - ST - ZIP	3.4 CITY - ST - ZIP	3.4 CITY - ST - ZIP
TITLE	4.1 TITLE	4.1 TITLE	4.1 TITLE
NAME	4.2 NAME	4.2 NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS
CITY - ST - ZIP	4.4 CITY - ST - ZIP	4.4 CITY - ST - ZIP	4.4 CITY - ST - ZIP
TITLE	5.1 TITLE	5.1 TITLE	5.1 TITLE
NAME	5.2 NAME	5.2 NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS
CITY - ST - ZIP	5.4 CITY - ST - ZIP	5.4 CITY - ST - ZIP	5.4 CITY - ST - ZIP
TITLE	6.1 TITLE	6.1 TITLE	6.1 TITLE
NAME	6.2 NAME	6.2 NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS
CITY - ST - ZIP	6.4 CITY - ST - ZIP	6.4 CITY - ST - ZIP	6.4 CITY - ST - ZIP

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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4-25-97 813-546-4546

CR2E034 (9/96)