

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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90235 036 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000023694**

1. Corporation Name  
**FLASH CASH TITLE LOANS, INC.**



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| Principal Place of Business<br>2494 BLANDING BLVD.<br>SUITE 7<br>MIDDLEBURG FL 32068 | Mailing Address<br>2494 BLANDING BLVD.<br>SUITE 7<br>MIDDLEBURG FL 32068 |
|--|--|

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>03/07/1996</b>                          |  |
| 4. FEI Number<br><b>59-3372566</b>  | Applied For<br><input type="checkbox"/> Not Applicable   |
| 5. Certificate of Status Desired <input type="checkbox"/>                       | <b>\$8.75</b> Additional Fee Required                    |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees                       |
| 8. This corporation owes the current year Intangible Personal Property Tax.     | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

**9. Name and Address of Current Registered Agent**

**SCARBOROUGH, MICHAEL N**  
**2494 BLANDING BLVD., SUITE 7**  
**MIDDLEBURG FL 32068**

**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. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

|                |                                    |
|----------------|------------------------------------|
| TITLE          | PD <input type="checkbox"/> DELETE |
| NAME           | SCARBOROUGH, MICHAEL N             |
| STREET ADDRESS | 1994 TICKFORD STREET               |
| CITY-ST-ZIP    | MIDDLEBURG FL 32068                |
| TITLE          | VS <input type="checkbox"/> DELETE |
| NAME           | SCARBOROUGH, TONIE D               |
| STREET ADDRESS | 1994 TICKFORD ST                   |
| CITY-ST-ZIP    | MIDDLEBURG FL 32068                |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |
| 1.3 STREET ADDRESS  |
| 1.4 CITY-ST-ZIP   |
| 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |
| 2.3 STREET ADDRESS  |
| 2.4 CITY-ST-ZIP   |
| 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 with all other like empowered.

**SIGNATURE:** *Michael N. Scarborough* **REQUIRED** *30 Apr 99* *704 291 9555*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)