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Apr 18 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 # P96000037429 (3)

1. Corporation Name
CASH FOR TITLES, INC.

Principal Place of Business
3116 N FEDERAL HWY
SUITE 261
LIGHTHOUSE POINT FL 33064

Mailing Address
3116 N FEDERAL HWY
SUITE 261
LIGHTHOUSE POINT FL 33064-8738



3. Date Incorporated or Qualified 04/26/1996
3a. Date of Last Report New -

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 3025 W. DAVIE BLVD	26 3025 W DAVIE BLVD	650681581	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23 FL LAND, FL	28 FL LAND, FL		
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 33312	29 33312		
Country	Country		
25 USA	30 USA		

9. Name and Address of Current Registered Agent

SHARKEY, BOB
3116 N FEDERAL HWY
SUITE 261
LIGHTHOUSE POINT FL 33064

10. Name and Address of New Registered Agent

81 Name	SHARKEY BOB
82 Street Address (P.O. Box Number is Not Acceptable)	3025 W. DAVIE Blvd.
83	FORT LAUDERDALE, FLA
84 City	FL
85 Zip Code	33312

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: BOB SHARKEY
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)
DATE: 4-17-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE	
NAME	BOB SHARKEY	1.2 NAME	
STREET ADDRESS	3025 W. DAVIE Blvd.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FLA 33312	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 if changed, or on an attachment with an address.

SIGNATURE: BOB SHARKEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4-17-97
Daytime Phone #: 327-1200 954-786-4748

CR2E034 (9/96)