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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000047489 (5)

1. Corporation Name

BOCA TITLE LOANS, INC.

Principal Place of Business

3401 N FEDERAL HWY. SUITE 101
BOCA RATON FL 33431

Mailing Address

3401 N FEDERAL HWY. SUITE 101
BOCA RATON FL 33431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 3311 N. DIXIE HIGHWAY	26 3311 N. DIXIE HIGHWAY		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23 POMPANO BEACH FL	28 POMPANO BEACH FL		
Zip	Country	Zip	Country
24 33064	25 BROWARD	29 33064	30 BROWARD
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CARLO, RICHARD 3401 N FEDERAL HWY STE 101 BOCA RATON FL 33431		81 Name RICHARD CARLO 82 Street Address (P.O. Box Number is Not Acceptable) 3311 DIXIE HIGHWAY 83 84 City POMPANO BEACH FL 85 Zip Code 33064	

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

4/14/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	CARLO, RICHARD	1.2 NAME	
STREET ADDRESS	3401 N FEDERAL HWY STE 101	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	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 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

4/14/98

CR2E034 (10/97)