SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000047556 (1)

AAA EXPRESS TITLE LOANS, INC.

1777 TAMAMI TRAIL 1777 TAMIAMI TRAIL SUITE 302 DO NOT WRITE IN THIS SPACE PT_CHARLOTTE FL 33948 PT_CHARLOTTE FL 33948 3. Date Incorporated or Qualified 05/30/1996 2. Principal Place of Business 2a, Mailing Address Applied For Not Applicable 65-0671603 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Personal Property Tax due June 30. 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PLATT, DANIEL B 1777 TAMIAMI TRAIL 82 Street SUITÉ 302 83 PT CHARLOTTE FL 33948 90 84 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 CR2E034 (5/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. TITLE 1.1 TITLE Change utLETE بر LANDRY, CURTIS F NAME 1.2 NAME #1905 888 BLVD OF THE ARTS 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34235 CITY-ST-ZIP 1.4 CITY-ST-ZIP **ZI**ELETE 21 TITLE Change TITLE noitibha 2.2 NAME PLATT, DANIEL B NAME 1777 TAMIAMI TRAIL SUITE 302 STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33948 2.4 CITY-ST-ZIP TITLE ___ DELETE 3.1 TITLE Change Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP 4.1 TITLE Change TITLE DELETE ___ Addition 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE DELETE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 61 TITLE TITLE DELETE Addition **6.2 NAME** NAME

6.3 STREET ADDRESS

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 in attachment with an address.

FILED Oct 14 1998 8:00am Secretary of State

