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FILED
Apr 30 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 # P96000063912 (5)

1. Corporation Name

GUARANTEED TITLE LOANS, INC.

Principal Place of Business

12483 67TH ST NORTH
WEST PALM BEACH FL 33412

Mailing Address

12483 67TH ST NORTH
WEST PALM BEACH FL 33412-2088

3. Date Incorporated or Qualified

07/29/1996

3a. Date of Last Report

N/A

2. Principal Place of Business

21 508 NORTH DIXIE HWY

2a. Mailing Address

26 508 NORTH DIXIE HWY

4. FEI Number

65-0685191

Applied For

Not Applicable

Suite, Apt. #, etc.

22 STE. 5

Suite, Apt. #, etc.

27 STE. 5

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 LANTANA, FL

City & State

28 LANTANA, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 33462

Country

25 PALM BEACH

Zip

29 33462

Country

30 PALM BEACH

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MONTOZZI, MARK E
12483 67TH ST NORTH
WEST PALM BEACH FL 33412

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MONTOZZI, MARK E
STREET ADDRESS 12483 67TH ST NORTH
CITY-ST-ZIP WEST PALM BEACH FL 33412

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1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK E. MONTOZZI 4/24/97 561-540-8981

Date

Daytime Phone #

CR2E034 (9/96)