

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000067217 (5)

1. Corporation Name

ONE HOUR TITLE LOAN, INC.

Principal Place of Business

4971 NORTH STATE ROAD 7  
TAMARAC FL 33319

Mailing Address

4971 NORTH STATE ROAD 7  
TAMARAC FL 33319



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/13/1996	3a. Date of Last Report
4. FEI Number 65-0685664	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

VANDEKERHOVE, LARRY  
4971 NORTH STATE ROAD 7  
TAMARAC FL 33319

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDERKERHOVE, LARRY	1.2 NAME	200002278802--8
STREET ADDRESS	4971 NORTH STATE ROAD 7	1.3 STREET ADDRESS	-08/27/97--01084--009
CITY-ST-ZIP	TAMARAC FL 33319	1.4 CITY-ST-ZIP	***165.00 ***165.00
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBOE, THOMAS S	2.2 NAME	
STREET ADDRESS	4971 NORTH STATE ROAD 7	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33319	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 as an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE 8-11-97

CR2E034 (4/97)

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July 19, 1997

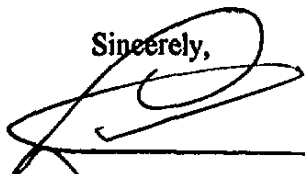
Florida Department of State  
Secretary of State  
Division Of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Sirs,

I have 3 corporations in the state of Florida. On or about Jan 2, 1997, The Annual Reports for the 3 corporations with 3 checks to cover the 3 fees were mailed to you via US Mail. Enclosed please find my check ledger (copy) showing checks 3998, 3999 and 4000 were written to you. Also find my bank statement showing checks 3998, 3999, and 4000 were never negotiated. Because we only reconcile our bank accounts every 6 months, we were unaware until your notification that you had not received these reports. Since I personally mailed them, I can only surmise they were lost in transit to you.

Enclosed find new reports and checks for the original fee. Please accept this amount because of the evidence submitted that this was done back in January.

Sincerely,



Larry VanDeKerkhove

MR CALDWELL  
Per your instructions