

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 25 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 # P96000070329 (3)

1. Corporation Name
CLEARWATER TITLE LOANS, INC.

Principal Place of Business

1621-A GULF TO BAY BOULEVARD
CLEARWATER FL 34615

Mailing Address

1621-A GULF TO BAY BOULEVARD
CLEARWATER FL 34615-6421



3. Date Incorporated or Qualified 08/22/1996	3a. Date of Last Report
4. FEI Number 12-12-12	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 1725 S. MISSOURI AVE. Suite, Apt. #, etc.	26 1725 S. MISSOURI AVE. Suite, Apt. #, etc.
22 City & State CLEARWATER, FL.	27 City & State CLEARWATER FLA
23 Zip 34616	28 Zip 34616
24 Country USA	30 Country USA

9. Name and Address of Current Registered Agent

BASMICI, ROY N
1621-A GULF TO BAY BOULEVARD
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BASMICI, ROY N
STREET ADDRESS	1621-A GULF TO BAY BOULEVARD
CITY-ST-ZIP	CLEARWATER FL 34615
TITLE	BASMICI ROY N <input checked="" type="checkbox"/> DELETE
NAME	1621-A GULF TO BAY BLVD
STREET ADDRESS	CLEARWATER FL 34615
CITY-ST-ZIP	
TITLE	CLEARWATER TITLE LOANS, INC. <input checked="" type="checkbox"/> DELETE
NAME	1725 S. MISSOURI AVE. ROY N. BASMICI
STREET ADDRESS	CLEARWATER, FL 34616
CITY-ST-ZIP	(813) 585-LOAN
TITLE	President <input type="checkbox"/> DELETE
NAME	Roy N. Basmici
STREET ADDRESS	1725 S. MISSOURI AVE
CITY-ST-ZIP	CLEARWATER FL 34616
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	CLEARWATER TITLE LOANS, INC. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	1725 S. MISSOURI AVE.
13 STREET ADDRESS	CLEARWATER, FL 34616
14 CITY-ST-ZIP	(813) 585-LOAN
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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

Date

Daytime Phone #

CR2E034 (9/96)