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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 # P96000072028

1. Corporation Name

ALL AMERICAN Title LOAN Company, I, Inc.

Principal Place of Business: 4343 South ORANGE Blossom, ORLANDO, FL 32809

Mailing Address: 6017 BEAU LANE, ORLANDO, FL 32808

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 8/96

4. FEI Number: 59-3397750 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business		2a. Mailing Address	
21	4343 S. ORANGE Blossom TRL	26	6017 BEAU LANE
Suite, Apt #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23	ORLANDO, FL	City & State 28	ORLANDO, FL
Zip	32809	Zip 29	32808
Country 25	ORANGE	Country 30	ORANGE

9. Name and Address of Current Registered Agent

D[illegible]GLAS R. KAPLAN Pres.
6017 BEAU LN.
ORLANDO, FL 32808

10. Name and Address of New Registered Agent

81 Name: DOUGLAS R. KAPLAN
82 Street Address (P.O. Box Number is Not Acceptable): 6017 BEAU LANE
83
84 City: ORLANDO **FL** 85 Zip Code: 32808

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: DOUGLAS R. KAPLAN Pres/CEO 3/23/98
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	DOUGLAS R. KAPLAN	
STREET ADDRESS	6017 BEAU LANE	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE	Secretary	☐ DELETE
NAME	Douglas R. Kaplan	
STREET ADDRESS	6077 BEAU LN.	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE	Treasurer	☐ DELETE
NAME	DOUGLAS R KAPLAN	
STREET ADDRESS	6017 BEAU LN.	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: DOUGLAS R. KAPLAN Pres/CEO 3/23/98 (407) 521-7119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #