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

FILED
Aug 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P96000077363 (5)

1. Corporation Name
AFFORDABLE TITLE LOANS, INC.
AMENDED
$61.25

[redacted]

Principal Place of Business
815 W. BOYNTON BCH. BLVD.
APT. # 10-102
BOYNTON BCH, FL 33426

Mailing Address
815 W. BOYNTON BCH. BLVD.
APT. # 10-102
BOYNTON BCH, FL 33426

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/16/1996

4. FEI Number: 65-0697047 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21 ___ Suite, Apt. #, etc 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___

2a. Mailing Address — 26 ___ Suite, Apt. #, etc 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

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

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

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

9. Name and Address of Current Registered Agent
MONTOZZI, MARK E
815 W. BOYNTON BCH. BLVD.
APT. # 10-102
BOYNTON BCH, FL 33426

10. Name and Address of New Registered Agent
81 Name: NAUM GLAZER
82 Street Address (P.O. Box Number is Not Acceptable): 1021 S. FEDERAL HWY.
83
84 City: POMPANO BEACH 85 FL Zip Code: 33062

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] NAUM GLAZER 8-3-98
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	MONTOZZI, MARK E	
STREET ADDRESS	815 W. BOYNTON BCH. BLVD. APT. #10-102	
CITY-ST-ZIP	BOYNTON BCH, FL 33426	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	D P	☒ Change ☐ Addition
1.2 NAME	NAUM GLAZER	
1.3 STREET ADDRESS	4590 CARAMBOLA CIR, SOUTH	
1.4 CITY-ST-ZIP	COCONUT CREEK, FL 33066	
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	200002615292	
6.3 STREET ADDRESS	-08/13/98--01084--045	
6.4 CITY-ST-ZIP	***61.25	

8/11

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.