

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

FILED

Feb 13 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 # P96000085056 (5)

1. Corporation Name  
AAA EASY TITLE LOANS, INC.

Principal Place of Business:

4326 EL PRADO BLVD  
#9  
TAMPA FL 33629  
US

Mailing Address:

P O BOX 273925  
TAMPA FL 33688  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt #, etc		26 Suite, Apt #, etc		10/14/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3409826	
24 Country		29 Country		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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HAGLE, J. MICHAEL  
5495 NE 25TH STREET  
SILVER SPRINGS FL 34489

10. Name and Address of New Registered Agent

81 Name Kelly Scotson  
82 Street Address (P.O. Box Number, Not Applicable) 4003 EL PRADO Blvd  
83  
84 City Tampa FL 85 Zip 33629

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]*

*[Signature]* Kelly H. Scotson 8/5/98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	1.1 TITLE	
NAME	HAGLE, J. MICHAEL	1.2 NAME	
STREET ADDRESS	% 5495 NE 25TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRINGS FL 34489	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	HAGLE, CHERYL L	2.2 NAME	
STREET ADDRESS	% 5495 NE 25TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRINGS FL 34489	2.4 CITY-ST-ZIP	
TITLE	<i>[Signature]</i>	3.1 TITLE	Director
NAME	<i>[Signature]</i>	3.2 NAME	Kelly H. Scotson
STREET ADDRESS		3.3 STREET ADDRESS	4003 EL PRADO
CITY-ST-ZIP		3.4 CITY-ST-ZIP	TAMPA, FL 33629
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 supplementary 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 a 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 only if I am listed with an address.

SIGNATURE:

*[Signature]*

J. MICHAEL HAGLE 2/9/98 83 886-6580

CR2E034 (10/97)