

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000090803 (3)

1. Corporation Name
ALL TITLE LOAN, INC.

Principal Place of Business

1728 CAPE CORAL PARKWAY
CAPE CORAL FL 33904

Mailing Address

1728 CAPE CORAL PARKWAY
CAPE CORAL FL 33904-9620

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

WOLFE, CHARLES W
1728 CAPE CORAL PARKWAY
CAPE CORAL FL 33904

3. Date Incorporated or Qualified

11/01/1996

3a. Date of Last Report

4. FET Number

☒ 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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name Frank A Pugliese
82 Street Address (P.O. Box Number is Not Acceptable)
1325 SE 19th Ter
83
84 City Cape Coral FL 85 Zip Code 33990

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 exempting 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

(DATE)

6-23-97

12. OFFICERS AND DIRECTORS

TITLE	D	WOLFE, CHARLES W	☒ DELETE
NAME		POST OFFICE BOX 238	
STREET ADDRESS		CAPE CORAL FL 33904-0238	
CITY- ST- ZIP			
TITLE	D	CLOSE, LARRY D	☐ DELETE
NAME		6730 BRIAR CLIFF	
STREET ADDRESS		FORT MYERS FL 33912	
CITY- ST- ZIP			
TITLE	D	Pugliese, Frank	☐ DELETE
NAME		1325 SE 19th Ter.	
STREET ADDRESS		CAPE CORAL, FL. 33990	
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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****165.00 ****165.00

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

6/1/97 367-7745

CR2E034 (9/96)