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Apr 10 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 # P96000103308 (8)

1. Corporation Name  
TITLE MAX OF PALM BEACH COUNTY, INC.



Principal Place of Business

1400 CENTREPARK BLVD  
SUITE 860  
WEST PALM BEACH FL 33401

Mailing Address

1400 CENTREPARK BLVD  
SUITE 860  
WEST PALM BEACH FL 33401-7485

3. Date Incorporated or Qualified  
12/19/1996

3a. Date of Last Report  
N/A

4. FEI Number

65-0715303

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  
Florida Statutes

under s. 199.032,  
☒ Yes ☐ No

2. Principal Place of Business

21 1711 WORTHINGTON  
Suite, Apt. #, etc.

22 202

23 WEST PALM BEACH, FL  
City & State

24 33409

Country

25 Palm Beach

2a. Mailing Address

26 1711 WORTHINGTON  
Suite, Apt. #, etc.

27 202

28 WEST PALM BEACH, FL  
City & State

29 33409

Country

30 Palm Beach

9. Name and Address of Current Registered Agent

MILLER, JAMES F  
1400 CENTREPARK BLVD  
SUITE 860  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, 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  
NAME MILLER, JAMES F  
STREET ADDRESS 1400 CENTREPARK BLVD SUITE 860  
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP, D  
1.2 NAME MILLER, JAMES F  
1.3 STREET ADDRESS 1400 CENTREPARK BLVD SUITE 860  
1.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401

2.1 TITLE VP, D  
2.2 NAME THOMAS K. PEECE  
2.3 STREET ADDRESS 1711 WORTHINGTON, SUITE 202  
2.4 CITY-ST-ZIP WEST PALM BEACH, FL 33409

3.1 TITLE P, D  
3.2 NAME NICHOLAS GILLEN  
3.3 STREET ADDRESS 1711 WORTHINGTON, SUITE 202  
3.4 CITY-ST-ZIP WEST PALM BEACH, FL 33409

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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

THOMAS K. PEECE

Date 4/10/97

861-687-8997  
Daytime Phone # 0000016

CR2E034 (9/96)