

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

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000004071 (1)**  
 1. Corporation Name  
**AUTO TITLE LOANS OF AMERICA CORPORATION**



Principal Place of Business <del>C/O STEPHEN M. BEYER-EGG-</del> <del>4000 SHERIDAN STREET, SUITE 301</del> <del>HOLLYWOOD FL 33021</del>	Mailing Address <del>C/O STEPHEN M. BEYER-EGG-</del> <del>4000 SHERIDAN STREET, SUITE 301</del> <del>HOLLYWOOD FL 33021</del>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	5701 MARGATE BLVD.	26	5701 MARGATE BLVD.	01/14/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. Fil Number	Applied For
22		27		65-0736659	Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
MARGATE, FL		MARGATE, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip 33063	25	Country USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29	Zip 33063	30	Country USA		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KAHN, HOWARD N 4000 HOLLYWOOD BOULEVARD SUITE 485 SOUTH HOLLYWOOD FL 33021				81	Name GRACE MAMONE		
				82	Street Address (P.O. Box Number is Not Acceptable) 1960 AUGUSTA TERRACE		
				83			
				84	City	FL	85 Zip Code
					CORAL SPRINGS, FL		33071

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: *Grace Mamone* GRACE MAMONE 4-30-98  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	V.P. SEC. DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUHL, CHRISTY	1.2 NAME	GRACE MAMONE
STREET ADDRESS	4600 SHERIDAN STREET, SUITE 301	1.3 STREET ADDRESS	1960 AUGUSTA TERRACE
CITY-ST-ZIP	HOLLYWOOD FL 33021	1.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	PRES. TREAS. Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	DOREEN RUSSO
STREET ADDRESS		2.3 STREET ADDRESS	1750 NW 124 WAY
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Grace Mamone* GRACE MAMONE 4-30-98 (954) 753-4150

CR2E034 (10/97)