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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700004071

AUTO TITLE LOANS OF AMERICA CORPORATION

Principal Plac	ce of Business	Mailing Address			6 ionsions ien initi indit dütti datti datti	ı ab ili ab ili b ili beli	19881 1191 1891
5701 MARGATE BLVD MARGATE FL 33063		5701 MARGATE BLVD MARGATE FL 33063			. DO NOT WRITE IN	THIS SDACE	·
US		US			3. Date Incorporated or Qualifed	THIS SPACE	
	•				01/14/1997		
2. Principal f	Place of Business	2a. Mailing Address	•		4. FEI Number	Ap	plied For
21		26			65-0736659	No	t Applicable
Suite, Apt	:. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional
22		27			G. Contractor of Citation Decimes	Fee Re	equired
City & Sta	ate	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip .	Country	Zip	Country				o rees
24 25		29 30		8. This corporation owes the current year Intangible Personal Property Tax. □ Yes □ No			
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Regist	ered Agent	•
		9 7 J 184 C F	81	Name			
4 4 4 4	MONE, GRACE	inner List List	- 82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	O AUGUSTA TERRACE					. 1884 	
C01	RAL SPRINGS FL 33071		83				
			, 84	City	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	85 Zip 9	Code
	60.4	0 1007 1500 5				FL T	
11. Pursuant	t to the provisions of Sections 607.050.	z and 607.1508, Florida Statute	es, the above	a-nameo corpo	oration submits this statement for the purpo on's board of directors. I hereby accept the	se of changing its	registerea
office or	registered agent, or both, in the State (oi riorida. Such change was ai	unionzeu by i	the corporatio	in a board of directors. I hereby accept the i	appointment as re	gisterea
agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligat	tions of, Section 607.0505, Flor	rida Statutes.	the corporatio		appointment as re	gisterea
agent. I a	am familiar with, and accept the obligat	tions of, Section 607.0505, Flor	rida Statutes.	•			gistered
agent. I a	am familiar with, and accept the obligat	itions of, Section 607.0505, Flor at and title if applicable. (NOTE:	rida Statutes.	•	d when reinstating)! DA	ΤΕ	·
agent. I a	am familiar with, and accept the obligat : : Signature, typed or printed name of registered agen	itions of, Section 607.0505, Flor at and title if applicable. (NOTE:	rida Statutes.	•		ΤΕ	·
signature	am familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN	tions of, Section 607.0505, Flor at and title if applicable. (NOTE: D DIRECTORS	: Registered Agent	•	d when reinstating)! DA ADDITIONS/CHANGES TO OFFICER	TE RS AND DIRECTO	PRS IN 12
agent. I a SIGNATURE 1/ 12. TITLE	am familiar with, and accept the obligated agens of registered agens of FICERS AN VPSD MAMONE, GRACE	tions of, Section 607.0505, Flor at and title if applicable. (NOTE: D DIRECTORS	: Registered Agent 13. 1.1 TITLE	t signature required	d when reinstating)! DA ADDITIONS/CHANGES TO OFFICER	TE RS AND DIRECTO	PRS IN 12
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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 corpolation or the receiver or trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-\$T-ZIP

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90024 014 ***150.00