

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

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Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000015136 (9)**

1. Corporation Name
ALPHA AUTO TITLE LOAN, INC.

Principal Place of Business
**17035 SOUTH DIXIE HIGHWAY
MIAMI FL 33157**

Mailing Address
**17035 SOUTH DIXIE HIGHWAY
MIAMI FL 33157**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 16635 So. Dixie Hwy Suite, Apt. #, etc. 22 City & State 23 MIAMI FL Zip 24 33157		2a. Mailing Address 26 16635 So. Dixie Hwy. Suite, Apt. #, etc. 27 City & State 28 MIAMI FL Zip 29 33157		3. Date Incorporated or Qualified 02/14/1997	
Country 25 USA		Country 30 USA		4. FEI Number 65-0728450 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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			

9. Name and Address of Current Registered Agent

**PERLMAN AND FABER, P.A.
SUITE 800
799 BRICKELL PLAZA
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1998	
TITLE	D	1.1 TITLE	V.P.
NAME	FELDMAN, JAMES R	1.2 NAME	
STREET ADDRESS	17035 SOUTH DIXIE HIGHWAY	1.3 STREET ADDRESS	16635 So. DIXIE Hwy.
CITY-ST-ZIP	MIAMI FL 33157	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	PRES.
NAME		2.2 NAME	STACEY FELDMAN
STREET ADDRESS		2.3 STREET ADDRESS	16635 So. DIXIE Hwy.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI FL 33157
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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 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:

James R Feldman

James R Feldman

11/04/1998

305-253-8604

CR2E034 (10/97)