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Jan 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000040422 (2)

1. Corporation Name

CONSUMER TITLE LOANS, INC.

Principal Place of Business

1742 CASTLEROCK ROAD
TAMPA FL 33612

Mailing Address

1742 CASTLEROCK ROAD
TAMPA FL 33612



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1997

4. FEI Number

59-3444574

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business
21 6615 N. NEBRASKA AVE

Suite, Apt. #, etc.

22

City & State
23 TAMPA FL

Zip
24 33604

Country
25 US

2a. Mailing Address

26 6615 N. NEBRASKA AVE

Suite, Apt. #, etc.

27

City & State
28 TAMPA FL

Zip
29 33604

Country
30 US

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 PTD ☐ DELETE

NAME CARDALICO, JULIE A
STREET ADDRESS 1742 CASTLEROCK ROAD
CITY-ST-ZIP TAMPA FL 33612

TITLE VSD ☐ DELETE

NAME KYLER, STEVE
STREET ADDRESS 1742 CASTLEROCK ROAD
CITY-ST-ZIP TAMPA FL 33612

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 PTD ☒ Change ☐ Addition

1.2 NAME KYLER, JULIE A.
1.3 STREET ADDRESS 6615 N. NEBRASKA AVE
1.4 CITY-ST-ZIP TAMPA FL 33604

2.1 TITLE NSM ☒ Change ☐ Addition

2.2 NAME KYLER, STEVE
2.3 STREET ADDRESS 6615 N. NEBRASKA AVE.
2.4 CITY-ST-ZIP TAMPA FL 33604

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

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:

~~SIGNATURE~~ ~~AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR~~

1/12/98

813-238-469

CR2E034 (10/97)