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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000040422 (2)

CONSUMER TITLE LOANS, INC.

Principal Place of Business

Mailing Address

## FILED Jan 21 1998 8:00am Secretary of State



2. Principal Place of Business 2. Principal Place of Business 2. Loli S. N. Nebraska Are 2. Loli S. N. Nebraska Are 3. South, Apt. 8, etc.  South, Apt. 9, etc.  South, Apt. 8, e	1742 CASTLEROCK ROAD TAMPA FL 33612  1742 CASTLEROCK ROAD TAMPA FL 33612									9 Date	Incorpor	DO NOT WE		S SPACE		
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S, Name and Address of Current Registered Agent  AMERILAWYER CHARTERED 3d3 ALMERIA AVENUE CORAL GABLES FL 33134  8d		/	ے ن ح	<u> </u>			Country	•						_ ′	`	
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134  82 Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, teacher confice or registered agent, or both, in the State of Forda. Such charge was authorized by the corporation's board of directors. Thereby accept the appointment as registered office or registered agent, or both, in the State of Forda. Such charge was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and familiar with, and accept the chigations of, Section 607,5505, Florida Statutes.  SIGNATURE  12 OFFICERS AND DIRECTORS  13. ADDITIONS/CHAINGES TO OFFICERS AND DIRECTORS IN 12  TITLE  12 OFFICERS AND DIRECTORS  13. ADDITIONS/CHAINGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHAINGES TO OFFICERS AND DIRECTORS IN 12  TITLE  12 INTEL  12 TIME  12 STREET ADDRESS  14 CMY-ST-ZP  1742 CASTLEROCK ROAD  1 STREET ADDRESS  1742 CASTLEROCK ROAD  1 STREET ADDRESS  1742 CASTLEROCK ROAD  1 TAMPA FL 33612  DELETE  2 NAME  2 STREET ADDRESS  1742 CASTLEROCK ROAD  1 TAMPA FL 33604  1 TAMPA FL 33604  1 STREET ADDRESS  1 TITLE  1 DELETE  2 NAME  3 STREET ADDRESS  1 STREET ADDRES	24 536	DY Name	23			100									<b>≥</b> C No	
AMERIA AVERUE CORAL GABLES FL 33134  82   Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607 0502 and 507 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 6505, Plorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 6505, Plorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 6505, Plorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 6505, Plorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 6505, Plorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am famili				it negis	stered Agent		81	Name	<del></del>	IU, Italin	e alla Au	CIESS OF NEW	negistere	1 Agent		
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4. Thereby certify that the information supplied with this ining does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes, intritier 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 troublest 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 or an attachment with an exercise.

(ED

SIGNATURE:

1,2/98

813-238-469