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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthan

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000058427 (0)

CAR TITLE LOAN, INC.

Block 12 or Block 13 if changed, or on an attackment

nth an address.

Principal Place of Business 1000 RIVERSIDE AVENUE SUITE 500

JACKSONVILLE FL 32204

Mailing Address

1000 RIVERSIDE AVENUE SUITE 500 JACKSONVILLE FL 32204

FILED May 19 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

			3. Date Incorporated or Qualified
2. Principal Place of Business	2a. Mailing Address		07/03/1997 4. FEI Number Applied For
21 5525 BEACH BLYE Suite, Apt. #, etc.	26 5525 BE	ACH BLY	D 59-34559/3 Not Applicable
22	Suile, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required
City & State 23 JACKSONULLE FL	City & State	ILA FL	6. Election Campaign Financing \$5.00 May Be
Zip Country	Zip	Country	Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year intangible
24 32207 25 DUVAL	29 32207	30 DUUAL	Personal Property Tax due June 30. Yes No
Name and Address of Current			10. Name and Address of New Registered Agent
O'CONNOR, AILISH 1000 RIVERSIDE AVENUE SUITE 500			Address (P.O. Box Number is Not Acceptable) 5525 BEACH BUYD
JACKBONVILLE FL 32204		83	
		84 City	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502	and 607 1509 Florida Ctatuta	o the chave named	TACKSONVILLE FL 32207
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 accounted obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE Signature, typical or printed parties of regeters of signature and title if applies the (NOTE: Registered Agort signature required when reinstating) (NOTE: Registered Agort signature required when reinstating)			
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D	DELETE	1.1 TITLE	Change Addition
NAME O'CONNOR, AILISH	• •	1.2 NAME	<u> </u>
STREET ADDRESS 1000 RIVERSIDE AVENUE STE	500	13 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32204		14 CITY-ST-ZIP	
THE PRES. DIRECTOR	DELETE	2 1 TITLE	Change Addition
NAME MICHAEL L. F STREET ADDRESS /536 WALNUT CA	ICKETT	2.2 NAME	
STREET ADDRESS 1536 WALNUT CR	CEK DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP ORANGE PARK,	FL 32073	2. 4 CITY-ST-ZIP	
CITY-ST-ZIP ORANGE PARK. 1ITLE V. PRES DIRECT NAME LAWRENCE H. P. STREET ADDRESS CITY-ST-ZIP ORANGE PARK, TITLE	TOR DELETE	3.1 TITLE	Change Addition
NAME LAWRENCE H. PI	CKETT	3.2 NAME	
STREET ADDRESS 2638 FOXWOOD 1	RD. 51	3.3 STREET ADDRESS	
CITY-ST-ZIP ORANGE PARK,	FL 32073	3.4 CITY-S1-ZIP	
TITLE	L_] DELETE	4 1 TITLE	Change Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP	<u>.</u>	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAMC	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
indicated on this annual report of supplemental	annuai report is true and a ccui ve t o∺t yistee enipowered to ex	rate and that my sidi	d in Section 119.07(3)(i), Florida Statutes, I further certify that the information nature shall have the same legal effect as if made under oath; that I am an required by Chapter 607, Florida Statutes; and that my name appears in