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FILED
Feb 19 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 # P97000062173 (4)

1. Corporation Name

CLASSIC TITLE LOANS, INC.



Principal Place of Business

Mailing Address

7150 SOUTH TAMiami TRAIL
SARASOTA FL 34231

7150 SOUTH TAMiami TRAIL
SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1997

FEI Number

65-0768487

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PREWETT, DANIEL L
5777 BENEVA RD SOUTH
SARASOTA FL 34233

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ☒ Change ☒ Addition

TITLE ☐ DELETE
NAME D
STREET ADDRESS GILLILAND, MARCY
CITY-ST-ZIP 7150 SOUTH TAMiami TRAIL
SARASOTA FL 34231

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME Pres/D.
1.3 STREET ADDRESS Esane
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS PAGE, DOUG
CITY-ST-ZIP 7150 SOUTH TAMiami TRAIL
SARASOTA FL 34231

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME V. Pres/D.
2.3 STREET ADDRESS Esane
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS GILLILAND, LARRY
CITY-ST-ZIP 7150 SOUTH TAMiami TRAIL
SARASOTA FL 34231

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 *Daniel L. Prewett* 1/16/98

CR2E034 (10/97)