


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

FILED

Jan 26 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 # P97000068032 (6) 1. Corporation Name TITLE LOANS TODAY, INC.								
Principal Place of Business 4047 OKEECHOBEE BLVD., SUITE #117 WEST PALM BEACH FL 33409			Mailing Address 4047 OKEECHOBEE BLVD., SUITE #117 WEST PALM BEACH FL 33409					
2. Principal Place of Business 21 3367 South Military Trail Suite Apt. #, etc.		2a. Mailing Address 26 3367 South Military Trail Suite Apt. #, etc.		3. Date Incorporated or Qualified 08/04/1997				
22 City & State 23 LAKE WORTH, FL Zip 24 33463 Country 25 Palm Bch		27 City & State 28 LAKE WORTH, FL Zip 29 33463 Country 30 USA		4. FEI Number 650772212 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 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				
9. Name and Address of Current Registered Agent DIXON, PHILIP A 4047 OKEECHOBEE BLVD., SUITE #117 WEST PALM BEACH FL 33409			10. Name and Address of New Registered Agent 81 Name Philip A. Dixon 82 Street Address (P.O. Box Number is Not Acceptable) 4047 OKEECHOBEE BLVD SUITE 117 83 84 City W. Palm Beach FL 85 Zip Code 33409					
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 NAME DIXON, PHILIP A STREET ADDRESS 4047 OKEECHOBEE BLVD., SUITE #117 CITY-ST-ZIP WEST PALM BEACH FL 33409 TITLE NAME PETERSEN, LAUREN M STREET ADDRESS 4047 OKEECHOBEE BLVD., SUITE #117 CITY-ST-ZIP WEST PALM BEACH FL 33409 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 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)(f), 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: Philip A. Dixon PHILIP A. DIXON P. 1-12-98 561-684-8622								



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)