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

Mailing Address

**CORPORATION** ANNUAL REPORT

1998

Principal Place of Business

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000075945 (0)

AUTO TITLE LOANS OF POMPANO, INC.

3311 N. DIXIE HIGHWAY 3311 N. DIXIE HIGHWAY POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/02/1997 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable AMLIED 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CARLO, RICHARD A 3311 N. DIXIE HIGHWAY Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33064 83 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. \_\_\_ Addition DELETE Change 1.1 TITLE TITLE 1.2 NAME NAME RICHARD CARLO 13 STREET ADDRESS STREET ADDRESS 3311 N. DIXIE HIGHWAY 14 CITY-ST-ZIP CITY-ST-ZIP POMPANUARASU KL 33064 Change Addition DELETE 21 TITLE TITLE 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CiTY-ST-ZiP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

DELETE

14. Thereby 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. 4-14-90

Change

Addition

**FILED** 

Apr 23 1998 8:00am

Secretary of State