

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

**FILED**  
**May 24, 1999 8:00 am**  
**Secretary of State**

05-24-1999 90008 008 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Corporation Name

**KWIKIE TITLE LOAN OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

**430 N. WASHINGTON BLVD.  
 SARASOTA, FL. 34236**

**430 N. WASHINGTON BLVD.  
 SARASOTA, FL. 34236**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**MAY 13, 1998**

4. FEI Number

Applied For  
 Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 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 the current year Intangible Personal Property Tax.  Yes  **NO**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**DARYL J. BROWN  
 BROWN, CLARK P.A.  
 1819 MAIN ST. STE. 1100  
 SARASOTA, FL. 34236**

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 12**

TITLE	<b>PRESIDENT</b> <input type="checkbox"/> DELETE
NAME	<b>GORDON S. ROBERS</b>
STREET ADDRESS	<b>430 N. WASHINGTON BLVD.</b>
CITY-ST-ZIP	<b>SARASOTA, FL. 34236</b>
TITLE	<b>SECRETARY</b> <input type="checkbox"/> DELETE
NAME	<b>GORDON S. ROBERS</b>
STREET ADDRESS	<b>430 N. WASHINGTON BLVD.</b>
CITY-ST-ZIP	<b>SARASOTA, FL. 34236</b>
TITLE	<b>TREASURER</b> <input type="checkbox"/> DELETE
NAME	<b>GORDON S. ROBERS</b>
STREET ADDRESS	<b>430 N. WASHINGTON BLVD.</b>
CITY-ST-ZIP	<b>SARASOTA, FL. 34236</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Gordon S. Rober** Pres.

**5-13-99 941-362-4616**

Date

Daytime Phone #

CR2E034 (11/98)