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Mar 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000033827 (4)

1. Corporation Name
TITLE LOANS OF AMERICA, INC.



Principal Place of Business
**735 NW 22 AVE
 MIAMI FL 33125**

Mailing Address
**8801 DUNWOODY PLACE
 SUITE 406
 ATLANTA GA 30350-2550
 US**

3. Date Incorporated or Qualified **05/02/1994** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business
 21. **971 East Tennessee**
 Suite, Apt. #, etc.

2a. Mailing Address
 26. **Suite, Apt. #, etc.**

4. FEI Number **65-0491204** Applied For Not Applicable

22. **City & State**

27. **City & State**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. **Tallahassee, Florida**

28. **City & State**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. Zip **32308** 25. Country **USA**

29. Zip **30** 30. Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CT CORP. SYSTEM
 1200 S PINE ISLAND RD.
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent
 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 Section 607.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both to 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE **John J. Masters, Assistant Secretary** DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ROD AYCOX	
STREET ADDRESS	8801 DUNWOODY PLACE, SUITE 406	
CITY-ST-ZIP	ATLANTA GA	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/Secretary/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Roderick Aycox	
1.3 STREET ADDRESS	8601 Dunwoody Pl., Ste 406	
1.4 CITY-ST-ZIP	Atlanta, GA 30350	
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 do 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: **Roderick Aycox, Director 2/27/97 (770) 552-9840** Date Daytime Phone #

CR2E034 (9/96)