

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

FILED
Feb 17 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 # P94000033827 (4)
 1. Corporation Name
TITLE LOANS OF AMERICA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **971 E. TENNESSEE MIAMI FL 32308 US**

Mailing Address: **8601 DUNWOODY PLACE SUITE 406 ATLANTA GA 30350 US**

2. Principal Place of Business (21-24)
 2a. Mailing Address (26-30)

3. Date incorporated or Qualified: **05/02/1994**

4. FEI Number: **65-0491204**

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
**CT CORP. SYSTEM
 1200 S PINE ISLAND RD.
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85)

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	ROD AYCOX	
STREET ADDRESS	8601 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	Vice Pres. & General Counsel	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John J. McCloskey	
1.3 STREET ADDRESS	8601 Dunwoody Pl., Ste 406	
1.4 CITY-ST-ZIP	Atlanta, GA 30350	
2.1 TITLE	V.P. Human Resource & Training	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Donald L. Hulse	
2.3 STREET ADDRESS	8601 Dunwoody Pl., Ste 406	
2.4 CITY-ST-ZIP	Atlanta, GA 30350	
3.1 TITLE	Vice Pres. of Risk Management	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kenneth R. Wayco	
3.3 STREET ADDRESS	8601 Dunwoody Pl.	
3.4 CITY-ST-ZIP	Atlanta, GA 30350 Ste 406	
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 trustee 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: *Rod Aycox* President 2/6/98 (770)552-9840

CR2E034 (10/97)