

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90065 013 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P94000033827**

1. Corporation Name
TITLE LOANS OF AMERICA, INC.



Principal Place of Business	Mailing Address
971 E. TENNESSEE MIAMI FL 32308 US	8601 DUNWOODY PLACE SUITE 406 ATLANTA GA 30350 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24 25	29 30

3. Date incorporated or Qualified	Applied For
05/02/1994	Not Applicable
4. FEI Number	Applied For
65-0491204	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 checked="" type="checkbox"/> DELETE
NAME	ROD AYCOX	
STREET ADDRESS	8601 DUNWOODY PLACE, SUITE 406	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VPC	<input checked="" type="checkbox"/> DELETE
NAME	MCCLOSKEY, JOHN J	
STREET ADDRESS	8601 DUNWOODY PL, STE 506	
CITY-ST-ZIP	ATLANTA GA 30350	
TITLE	VPRT	<input checked="" type="checkbox"/> DELETE
NAME	HULSE, DONALD L	
STREET ADDRESS	8601 DUNWOODY PL, STE 406	
CITY-ST-ZIP	ATLANTA GA 30350	
TITLE	VPRM	<input checked="" type="checkbox"/> DELETE
NAME	WAYCO, KENNETH R	
STREET ADDRESS	8601 DUNWOODY PL, STE 406	
CITY-ST-ZIP	ATLANTA GA 30350	
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	P/D/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert I. Reich	
1.3 STREET ADDRESS	8601 Dunwoody Pl., Ste 406	
1.4 CITY-ST-ZIP	Atlanta, GA 30350	
2.1 TITLE	S/General Counsel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John J. McCloskey	
2.3 STREET ADDRESS	8601 Dunwoody Pl., Ste 406	
2.4 CITY-ST-ZIP	Atlanta, GA 30350	
3.1 TITLE	VP/T/CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Terry E. Fields	
3.3 STREET ADDRESS	8601 Dunwoody Pl., Ste 406	
3.4 CITY-ST-ZIP	Atlanta, GA 30350	
4.1 TITLE	Asst. Treas./Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Richard C. Wallace	
4.3 STREET ADDRESS	8601 Dunwoody Pl., Ste 406	
4.4 CITY-ST-ZIP	Atlanta, GA 30350	
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: Terry E. Fields Vice President, Treasurer & CFO Date: 1/20/99 Daytime Phone # _____

CR2E034 (1/198)