

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 18 PM 2:45

DOCUMENT # **F19938** (2)

1. Corporation Name  
**CASH-IN ON THE WEST COAST INC.**

Principal Place of Business Mailing Address  
**4632 U.S. HWY. 19 NEW PORT RICHEY FL 34652**      **4632 U.S. HWY. 19 NEW PORT RICHEY FL 34652**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/17/1981**      3a. Date of Last Report **03/31/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2071545		Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ADAMS, HAROLD M</b> <b>4632 U.S. HWY. 19</b> <b>NEW PORT RICHEY FL 34652</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				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 \_\_\_\_\_ (Signature of current registered agent and title, if applicable)      \_\_\_\_\_ (Signature of new registered agent, required when needed)      DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, HAROLD M	1.2 NAME	
STREET ADDRESS	4135 FLORAMAR TER 34652	1.3 STREET ADDRESS	
CITY, ST, ZIP	NEW PORT RICHEY, FL 00000	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, MARILYN J.	2.2 NAME	
STREET ADDRESS	4135 FLORAMAR TER	2.3 STREET ADDRESS	
CITY, ST, ZIP	NEW PORT RICHEY FL 34652	2.4 CITY, ST, ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, MICHAEL C.	3.2 NAME	
STREET ADDRESS	4129 FLORAMAR TER 4632 U.S. 19	3.3 STREET ADDRESS	
CITY, ST, ZIP	NEW PORT RICHEY FL 34652	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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. 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: *Harold M Adams*      *1/10/95*      *813-848-2507*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (Date)      (Telephone Number)