

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000076388 (4)**

1. Corporation Name
FAST CASH OF THE TREASURE COAST, INC.



Principal Place of Business: **122 NEBRASKA CIRCLE SEBASTIAN FL 32958**
Mailing Address: **122 NEBRASKA CIRCLE SEBASTIAN FL 32958**

3. Date Incorporated or Qualified: **10/05/1995**
3a. Date of Last Report: **10/5/95**
4. FEI Number: **Applied For**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc; City & State; Zip; Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, LEE
122 NEBRASKA CIRCLE
SEBASTIAN FL 32958**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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 in plain text in Block 12 or Block 13 of this form. Date: _____

12. OFFICERS AND DIRECTORS

TITLE	Director	<input type="checkbox"/> DELETE
NAME	LEE BROWN	
STREET ADDRESS	122 NEBRASKA CIRCLE	
CITY - ST - ZIP	SEBASTIAN FL 32958	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	HARRY J. KICKLER JR	
STREET ADDRESS	PO BOX 1346	
CITY - ST - ZIP	FT PIERCE FL 34954-1346	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HARRY J. KICKLER JR	
2.3 STREET ADDRESS	1903 WYOMING AVE	
2.4 CITY - ST - ZIP	FT PIERCE FL 34982	
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		

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*****225.00**

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)(k) 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LEE BROWN - Director

Date: **6/25/96**
407
584-7292
Date: _____
Duly Notarized

CR2E034 (12/95)