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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

	JAL REPORT 1996		ary of State	DNS			
. Corporation	n Name	00083635 (9)				
CASH	VANTAGE CORPORATION						
incipal Place	e of Business	Mailing Address			, (6)(64) (6) (6)		
934 DOWN		POST OFFICE BOX 12 PALM HARBOR FL 34					
PALM HAND	OR FL 34683-5726	Lutw (mulbou is or	00E1E00		3. Date incorporated or Qualified 10/27/1995	3a. Date	of Last Report
Principal P	face of Business	2a. Mailing Address 26			4. FEI Number 59 - 233 442	26	Applied For Not Applied
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
ZI	Country	[28] Ζηρ	Country		8. This corporation has liability for	intangible ta	x under s 199.032.
	9. Name and Address of Cur	rrent Registered Agent	30		10. Name and Address of New I		Agent
	S. Hame one Address		81	Name			
WELCH	I, SCOTT D		82	Street Add	iress (P.O. Box Number is Not Acceptable)		
1934 DOWNING PLACE			83				
PALM I	HARBOR FL 34683-5726		63				1
			84	City	FL 85 Zip Code pration submits this statement for the purpose of changing its registered office and of directors. I berety accept the appointment as registered agent. I am		
GNATURE ELE ME	OFFICERS D S WELCH, LINDA C	AND DIRECTORS	13. 1 1 hitt 1 2 NAME		ADDITIONS/CHANGES TO OF		D DIRECTORS IN 12 Change Addi
ere i adoress	1934 DOWNING PLACE		1.3 STREE	T ADDRESS			
Y - ST - 21P	PALM HARBOR FL 34683	-5726 □ □ DELETE	1 4 CITY - 2 1 TITLE				☐ Cnange ☐ Add
ME	D P WELCH, SCOTT D 1934 DOWNING PLACE		2 2 NAME				
REET ADORESS IV - ST- ZIF	PALM HARBOR FL 34683	3-5726	24 CITY				
LÉ		☐ DELFTE	3 1 101 €	i	A CONTRACTOR OF THE STREET	<i>i</i> .	Change Add
ME			3.2 NAME	ET ADDRESS			
REST ADDRESS TY - ST - ZIP	\$		3 4 CiTY -				
LE		DELETE	4 1 TITLE	F			Change Add
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REET ADDRESS	5			E1 ADDRESS			
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TLF KMÉ			5.2 NAME		1000018 -05/06/9601	.0320	007
REET ADDRÉS	s		5.3 STRE	ET ADDRÉSS	***200.00		,,
I y - ST - ZIP			5 4 CiTY				Change C Add
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AME Incer Annoce	·c			ET ADDRESS			₹-
TREET ADDRES -TY - ST - ZIP			6.4 O I Y	-S1-7/P			•
4. I do her certify the	hat the information indicated on this sat Lam an officer or director of the G	i annual report or supplemental a comonation or the receiver or tru:	innua: report is i stee empowere:		y for the exemption stated in Section 11 urate and that my signature shall have th this report as required by Chapter 607,		
appears	s in Block 12 or Block 13 d changes	i, or on an attachment with an a	ddress		, ,		
SIGNA	ATURE:	1020 (Miles	<u> </u>		4/4/96	81	13 · 784/ · 43 5
	SIGNATURE AND TYP	PED OR PRINTED NAME OF SIGNING OF	FICER OR DIRECTO	R	₽ Clate?		PROPERTY OF