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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 05 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000096685 (8)

CASH TO GO, INC.

D:TY - S1 - ZIP

SIGNATURE:

Principal Place of Business Mailing Address 441 VIRGINIA DRIVE 44! VIRGINIA DRIVE WINTER PARK FL 32789-5806 WINTER PARK FL 32789 3. Date Incorporated or Qualified 3a. Date of Last Report 11/27/1996 Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees 23 28 Ζip Country Zio Country 8. This corporation has liability for intangible tax under s. 199.032, CHARLES Yes No Florida Statutes 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Weiss. Herbert 441 VIRGINIA DRIVE Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32789 83 84 Zip Code City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 Fiorida. 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 or pented name of registered agent and title it applicable (NOTE: Registered Agent algorature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) OFFICERS AND DIRECTORS 13. 12. DELETE Change Addition 1.1 TBLE THE WEISS, HERBERT 1.2 NAME NAME 441 VIRGINIA DRIVE 1.3 STREET ADDRESS STREET ADDRESS WINTER PARK FL 32789 1.4 CITY-ST-ZIP CITY: ST-Z-P DELETE Change Addition 2.1 TITLE 10116 MICHOLA, DOUGLAS V 2.2 NAME NAME 1746 CYPRESS RIDGE DRIVE STHEET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32825 2.4 CITY-ST-ZIP CPY-SI-ZP DELETE Change Addition 3.1 TOLE 100.6 3.2 NAME NAME 3.3 STREET ADDRESS STHEET ACORESS 3.4 CITY-ST-ZIP CITY - \$1 - ZIF DELETE Change Addition 4.1 TOLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHIY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 5.1 TOLE TIFLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP COLY-ST-7IP Addition DELETE Change 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS

6.4 CHY-ST-ZIP

14. I do 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 Changed, or on an attachment with an address.