

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 MAY -1 PM 4:40**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # 614027 (1)**

1. Corporation Name

**CASH MORTGAGE COMPANY**

Principal Place of Business  
**2400 E. Commercial Blvd  
Suite 720  
Ft. Lauderdale, Fl 33308**

Mailing Address  
**P. O. Box 1621  
Hollywood, Fl 33022-1621**

**200001478442**

**-05/08/95--01028--025**

**\*\*\*\*200.00 \*\*\*\*200.00**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **3/16/79** 3a. Date of Last Report **1993**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For  
Not Applicable

21 Suite, Apt #, etc

26 P.O. Box 1621

59-1898101

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

23 City & State

27 Suite, Apt #, etc

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

24 Zip

25 Country

28 City & State

29 Zip

30 Country

8. The corporation has liability for intangible tax under S 199 032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MICHAEL LUKASIEVICH  
2400 E. Commercial Blvd. #720  
Ft. Lauderdale, Fl 33308**

81 Name

82 Street Address (P O Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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 (block or printed name of registered agent and filer if applicable)

(If filer Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P/D**  
NAME **BEN D. SHERMETT**  
STREET ADDRESS **2400 E. Commercial Blvd. #720**  
CITY ST ZIP **Ft. Lauderdale, Fl 33308**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 118 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Handwritten Signature]*

Signature and typed or printed name of signing officer or director

4/26/95 (305) 920-2274

Date

Signature Page 6

*[Handwritten Signature]*