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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 08 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F04510

(6)

SIGNATURE:

CASHR	IUSCO INC.						
Principal Pla	ce of Business	Mailing Address			• • • • •		
1155 BROKEN SOUND PARKWAY, N.W. BOCA RATON FL 33487		1155 BROKEN SOUND PAR	1155 BROKEN SOUND PARKWAY, N.W. BOCA RATON FL 33487-3526				
						3. Date Incorporated or Qualified 11/06/1980 3a. Date of Last Report 05/29/1996	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For	
21 Suite, Apt	l # etc	26				59-2037907 Not Applicable	
22	. "	27	1			5. Certificate of Status Desired Fee Required	
City & Sta	City & State	ate			6. Election Campaign Financing \$5.00 May Be		
23	**************************************			Trust Fund Contribution Added to Fees			
Zip	ի			intry		8. This corporation has liability for intangible tax under s. 199.032,	
24	25 29 30 9. Name and Address of Current Registered Agent			Florida Statutes Yes No 10. Name and Address of New Registered Agent			
TL	E PRENTICE-HALL CORPORATI			B1	Name	10. Italia dila Addisse of from Registera Again	
	01 HAYS STREET	OH OTOTEM, INO.		20			
TALLAHASSEE FL 32301				82	Street Address (P.O. Box Number is Not Acceptable)		
•••				83	***************************************		
				84	City	85 Zip Code	
				~	City	FL 85 Zip Code	
SIGNATURE 12. TITLE	PC		Registered 13.	d Ager	nt signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PS Change Addition	
NAME STREET ADDRESS City-ST-ZIP	PARKLAND FL		1.2 N/ 1.3 S1 1.4 CI	TREET A			
NAME STREET ADDRESS CITY+ST-ZIP	AS RESTIVO, JOSEPH 4465 NW 28TH WAY BOCA RATON FL	☐ DELEYE	2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CHY		ADDRESS	VAS Marge □ Addition	
TITLE NAME STREET ADDRESS C+TY+ST+ZIP	ERIC T BOERGE 2330 NE 9412 116HTHOUSE PT	CT		AME REET	ADDRESS	Change Addition	
TITLE	I OH THOUSE I	DELETE	3.4. C 4.1 Ti		3 - ZIF	Change Addition	
NAME		<u> </u>	4, 2 N				
STREET ADDRESS					ADDRESS		
CHTY-ST-ZIP			4.4 CI				
TOTE		☐ DELETE	5.1 Ti			. Change Addition	
NAME			5.2 N/	AME			
STREET ADDRESS	;		5.3 S1	REET	ADDRESS		
Cdy-St-ZiP			5.4 CI	TY-\$1	1-21P		
TITLE		☐ DELETE	6.1 Tr	TLE		Change Addition	
NAME			6.2 N/				
STREET ADDRESS					ADDRESS		
City-St-ZiP	obvecatify that the information as we	liad with this filling does not awake	6.4 CI			in Section 119.07(3)(i), Florida Statutes. I further certify that the	
informati Lam ah	ion indicated on this annual report o	r supplemental annual report is tra or the receiver or trustee empowe	ue and e ered to e	accu	rate and t	that my signature shall have the same legal effect as if made under eath; that sort as required by Chapter 607, Florida Statutes; and that my name	