

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:05

DOCUMENT # **H45366 (2)**
1. Corporation Name
CASH UNLIMITED, INC.

Principal Place of Business 2759 W ARMITAGE AVE. CHICAGO IL 60647	Mailing Address 2759 W ARMITAGE AVE. CHICAGO IL 60647
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/04/1985	3a. Date of Last Report 03/24/1994
4. FEI Number 36-3353400	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 2317 E Hillsborough Suite, Apt. #, etc.	2a. Mailing Address 26 2759 W Armitage Suite, Apt. #, etc.
22	27
23 State FL City & State Chicago FL	28 City & State FL
24 Zip 33610 25 Hillsborough	29 Zip 60645 30 Coor

9. Name and Address of Current Registered Agent MINSKY, STUART 10901 COVEY COURT TAMPA FL 33624	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ DATE _____
(Signature must be printed in full name of registered agent and the corporation. (DATE: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME COHEN, ALFRED	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 9203 LAGOON PLACE, APT. 203	CITY-ST-ZIP FT. LAUDERDALE FL 33324	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE ST	NAME COHEN, JULIAN	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1648 BIRCH	CITY-ST-ZIP NORTH BROOK IL 60062	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE V	NAME BONNER, LEE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3565 WEST ARMITAGE AVENUE	CITY-ST-ZIP CHICAGO IL 60647	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	

14. I, the undersigned, certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included in 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 that report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this filing with an address.

SIGNATURE: _____ DATE: **2/8/95**
(Signature and typed or printed name of signing officer or director)