

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: **2317 E HILLBOROUGH TAMPA FL 33610 US**
Mailing Address: **2759 W ARMITAGE CHICAGO IL 60645 US**

3. Date Incorporated or Qualified: **03/04/1985**
3a. Date of Last Report: **02/21/1995**
4. FEI Number: **36-3353400**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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
85. Zip Code: **FL**

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: _____
(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P COHEN, ALFRED	1.2 NAME	
STREET ADDRESS	9203 LAGOON PLACE, APT. 203	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL 33324	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME	ST COHEN, JULIAN	2.2 NAME	
STREET ADDRESS	1648 BIRCH	2.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH BROOK IL 60062	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME	V BONNER, LEE	3.2 NAME	
STREET ADDRESS	3565 WEST ARMITAGE AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL 60647	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Julian Cohen **Julian Cohen** 2/1/96 847-673-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #