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Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90065 021 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H45366

1. Corporation Name
CASH UNLIMITED, INC.



Principal Place of Business

2317 E HILLSBOROUGH
TAMPA FL 33610
US

Mailing Address

C/O J COHEN
1648 BIRCH RD
NORTHBROOK IL 60062
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1985

4. FEI Number

36-3353400

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

ALFRED COHEN

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

9203 LAGOON PLACE

83

APT. 203

84 City

FT. LAUDERDALE

FL

85 Zip Code

33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 Alfred Cohen ALFRED COHEN PRESIDENT 3/30/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME COHEN, ALFRED
STREET ADDRESS 9203 LAGOON PLACE, APT. 203
CITY-ST-ZIP FT. LAUDERDALE FL 33324

TITLE ST ☐ DELETE

NAME COHEN, JULIAN
STREET ADDRESS 1648 BIRCH
CITY-ST-ZIP NORTH BROOK IL 60062

TITLE V ☐ DELETE

NAME BONNER, LEE
STREET ADDRESS 3565 WEST ARMITAGE AVENUE
CITY-ST-ZIP CHICAGO IL 60647

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alfred Cohen ALFRED COHEN 3/30/99 773-342-2023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)