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

CORPORATION ANNUAL REPORT

1998

CASHI SERVICES, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

H60472

(8)

FILED Jan 26 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						ii ofoli oluif sidil oli)
2904 S. WESTMORELAND DR. ORLANDO FL 32805 US		P.O BOX 555847 P O BOX 550177 ORLANDO FL 32855-5847 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/05/1985			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For		
21		26			59-2673322 Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional equired
City & State		City & State		6. Election Campaign Financing			
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip			Coun	Intry 8. This corporation owes or has paid the current year Intangible		langible	
24	25 29 30		30		Personal Property Tax due June 30. Yes No		
	9. Name and Address of Current	Registered Agent		B1 Name	10. Name and Address of New Registe	red Agent	
R. CASH KASCHAI			Ľ	Name			
	04 S. Westmoreland Dr. Rlando Fl 32805		[1	Street A	ddress (P.O. Box Number is Not Acceptable)		
Or	ILANDO PL 32003		ļ,	B3	·		
				M City		les Zie	Code
			'	B4 City		FL 85 Zip (Code
agent. I ad SIGNATURE	m familiar with, and accept the obligat	ions of, Section 607.0505, Flor and little if applicable (NOTE	rida Statu Registered	tes.	oration's board of directors. I hereby accept the equired when reinstaling)	ATE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	VST	DELETE 1.1				L Change	☐ Addition
NAME Street address	KASCHA!, RALPH E. 2904 S WESTMORELAND DR		1.2 NAA	AE EET ADDRESS			
CITY-ST-ZIP	ODI ANDO EL		•	(-ST-ZIP			
TITLE	PD	DELETE			· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME	KASCHAI, CASH		2.2 NAN	AE			
STREET ADDRESS	2904 S WESTMORELAND DR		2.3 \$1R	EET ADORESS			
CITY-ST-ZIP	ORLANDO FL		2. 4 CIT	Y-ST-ZIP			
TITLE			3.1 TITL			L Change	Addition
NAME			3.2 NAM	-			
STREET ADDRESS			l l	EET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4. UTT	Y-ST-ZIP		Change	Addition
NAME			4 2 NA	·		g	- I adition
STREET ADDRESS				EET ADDRESS			ļ
CITY-ST-ZIP			1	-ST-ZIP			
TITLE		DELETE	5.1 TITL	E		Change	Addition
NAME			5.2 NAM	1E			
STREET ADDRESS			5.3 STR	EET ADDRESS			
CITY-ST-ZIP		DELETT		-ST-ZIP		05	T & plants
TITLE		☐ DELETE	6.1 TITL			L Change	Addition
NAME CTREET ADDRESS			6.2 NAM	i			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	artify that the information consolind with	this filing does not qualify for		-S1-ZIP	in Section 119 07(3)(i) Florida Statutes I furthe	ar certify that the	information

r mercey comy that the information supplied with this limit does not quality 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 chapter 6, or on as attachment with an address.