

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H76960

(4)

1. Corporation Name

PAY DAYS OF ORLANDO, INC.



Principal Place of Business

5829 E COLONIAL
ORLANDO FL 32807
US

Mailing Address

5829 E COLONIAL
ORLANDO FL 32807
US

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified
09/20/1985

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2651165

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

STARK, CHARLES H
986 DOUGLAS AVE
ALTAMONTE SPRINGS FL 32714

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

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

Signature of the person authorized to register the agent and the address of the agent

Signature of the Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SMITH, RICHARD L.
STREET ADDRESS 5700 E. COLONIAL DR
CITY-STATE-ZIP ORLANDO FL

TITLE STD ☒ DELETE

NAME SMITH, JAMES L.
STREET ADDRESS 5700 E. COLONIAL DR
CITY-STATE-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE BOARD CHAIRMAN ☒ Change ☐ Addition

1.2 NAME SMITH, RICHARD
1.3 STREET ADDRESS 5700 E. COLONIAL DR.
1.4 CITY-STATE-ZIP ORLANDO, FL

2.1 TITLE PRESIDENT ☐ Change ☒ Addition

2.2 NAME ERWIN, GEORGE
2.3 STREET ADDRESS 2638 SHIPROCK CT.
2.4 CITY-STATE-ZIP DELTONA FL 32738

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/96

(407) 249-9981

Date

Daytime Phone #

CR2E034 (12/95)