
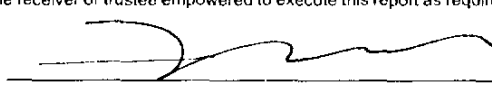


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 APR 20 AM 11:44					
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # M98000000184		1a. Principal Place of Business Address	
HEARTLAND CASH NETWORK, L.L.C. 1411 SOUTHWEST 31ST AVENUE POMPANO BEACH FL 33069				1411 SOUTHWEST 31ST AVENUE POMPANO BEACH FL 33069	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
505 NW 65 Ct. Suite, Apt. #, etc. 101 City & State Ft. Lauderdale, FL.		505 NW 65 Ct. Suite, Apt. #, etc. 101 City & State Ft. LAUDERDALE, FL.		02/26/1998	
Zip 33309		Country Broward		4. FEI Number 65-0800270	
				5. Date of Last Report 2/26/98	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
CORPORATION SERVICE, COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code 7744			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when not changing)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	SMITH, JAMES W	8500 NORTH MOPAC, SUITE 60		AUSTIN TX	
3000002853599-00 -04/27/99--01069--015 ****197.50 ****197.50					
11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE:  James W. Smith 4/7/99 954-938-8686					