\$ 188.75   Make Check Payable 70: FLORIDA DEPARTMENT OF STATE  1 Anne and Making Address 1 At 11 SOUTHWEST 31ST AVENUE	LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS  FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee			SECRETARY OF STATE DIVISION OF CORPORATIONS  99 APR 20 AM 11: 44		
Sule, Apl. 4, etc.    Sule, Apl. 4, etc.   Sule, Apl. 4, etc.   Sule, Apl. 4, etc.   Applied For   Sule   Applied For   Applied For   Sule   Applied For   A	\$ 188.75 Make Check Payable To: FLO  1. Name and Mailing Address of Limited Liability Company  HEARTLAND CASH NETWORK 1411 SOUTHWEST 31ST AV	IT # M98000000184  , L.L.C. ENUE	1a. Principal Plac	JTHWEST	31ST AVENUE	
Name  Stroet Address (P.O. Box Number is Not Acceptable)  Suito, Apri if, etc.  City  FL  Zip Cyds  Suito, Apri if, etc.  City  Suito, Apri if, etc.  City  Suito, Apri if, etc.  City  FL  Zip Cyds  Suito, Apri if, etc.  City  FL  Zip Cyds  Suito, Apri if, etc.  City  Suito, Apri if, etc.  City  FL  Zip Cyds  Suito, Apri if, etc.  City  Suito, Apri if, etc.  City  Sinon Authority of the members. The reby accept the appoint in a registered agent, and accept the colligations.  I DATE  Registered Agent Aprice Address  City, State and Zip Code  MGRM  SMITH, JAMES W  8500 NORTH MOPAC, SUITE 60 AUSTIN TX  1 Ido hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119 07(3) (i), Florida Stalutos. Hurther carify that the information accurate and that my signature shall have the same legal effect as if made under cost, hall am a managing member or manager of midel liability company or the receptore or fususe empowered to execute this report as required by Chapter 668, Florida Stalutos, and that my name appears in Biock 10, or or or or business or required by Chapter 668, Florida Stalutos, and that my name appears in Biock 10, or or or or business or required by Chapter 668, Florida Stalutos, and that my name appears in Biock 10, or or or or business or requered by Chapter 668, Florida Stalutos, and that my name appears in Biock 10, or or or or business or requered by Chapter 668, Florida Stalutos, and that my name appears in Biock 10, or or or or or business or requered by Chapter 668, Florida Stalutos, and that my name appears in Biock 10, or or or or business or or or business or or or b	505 NW 65 Ct. Suite, Apt. #, etc. 101  City & State  Ft. Landerdale, FL. Ft  Zip Country  33309 Broward 3	Apt. #, etc.  101  State LAUDERDALE, Fl  3309  Browned	02/26/19 4. FEI Number 65 - C 5. Date of Last Re 2/26/6	998 18002 18	MO Applied For Not Applicable 6. Certificate of Status Desired S8.75 Additional Fee Required	
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 changes 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. Thereby accept the appointris registered agent, and accept the obligations.  SIGNATURE    Proposed Agent Accepts Appendix and Appendix agent and Expensive Address   DATE	CORPORATION SERVICE , COMP	ANY Street Address Suite, Apt. #, e	Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  Zip Code			
1. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (i), Florida Statutes. Hurther certify that the information supplied with this filing does not qualify to the exemption stated in Section 119 07(3) (i), Florida Statutes. Hurther certify that the information of the decirate on this annual report is to use and accurate and that may signature shall have the same legal effect as if made under oath, that I am a managing member or manager of mided 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 or	ts registered office or registered agent, or both, in the State of is registered agent, and accept the obligations.		native vote of a majority	omits this state of the members		
AGRM SMITH, JAMES W  8500 NORTH MOPAC, SUITE 60 AUSTIN TX  SIDELO 2353:535 — -04/27/39 — 01063 — 01 *****197, 50 *****197  I. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If further certify that the informational 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 inited 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 or	(Registered Agent Accepting Appointment	<del></del>	ing'	<u></u>		
dicated 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 nited 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			SUITE 60	AUSTIN	7 <b>TX</b> 2853599 7/9901069015	
SIGNATURE:	idicated on this annual report is true and accurate and that m	y signature shall have the same legal effect :	as if made under oath,	hat I am a mar	naging member or manager of the	

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