FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P92000007372 (5)**

1. Corporation Name

SPOT CASH FINANCE INC.

Principal Place of Business	Mailing Address
1337 N.E. 12TH AVENUE FORT LAUDERDALE FL 33304	1337 N.E. 12TH AVENUE FORT LAUDERDALE FL 33304

3. Date Incorporated or Qualified: **11/23/1992**
3a. Date of Last Report: **06/07/1995**

2. Principal Place of Business
21:
22: Suite, Apt. #, etc.:
23: City & State:
24: Zip:
25: Country:

2a. Mailing Address
26: PO Box 7624
27: Suite, Apt. #, etc.:
28: Fort Lauderdale, FL
29: Zip: 33338
30: Country: USA

4. FEI Number: **65-0370041** ☐ 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

ANDERSON, SHERRY
1337 N.E. 12TH AVENUE
FORT LAUDERDALE FL 33304

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 Section 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 that position as provided for in Section 607.0505, Florida Statutes.

SIGNATURE: S.E. Anderson — S.E. Anderson — DATE: 1/29/96
(Typed or printed name of person signing) (Title if applicable) (Print name of New Registered Agent, if applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TYPE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, SHERRY	1.2 NAME	
STREET ADDRESS	1337 N.E. 12TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	1.4 CITY-ST-ZIP	
2 TYPE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WILDE, MARIANNE C	2.2 NAME	
STREET ADDRESS	1337 N.E. 12TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	2.4 CITY-ST-ZIP	
3 TYPE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4 TYPE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5 TYPE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6 TYPE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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.

SIGNATURE: S.E. Anderson — Director — S.E. Anderson — 1/29/96 — 305-832-0290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #