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Sep 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000010089 (9)**

1. Corporation Name
CASH CONTROL SYSTEMS, INC.



Principal Place of Business 3965 INVESTMENT LN SUITE A-10 WEST PALM BCH FL 33404 US	Mailing Address P.O. BOX 175 LOXAHATCHEE FL 33470-0175
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 02/03/1993	3a. Date of Last Report 10/30/1996
4. FEI Number 65-0390971	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MANOS, SHARON 18429 WEST SYCAMORE DRIVE LOXAHATCHEE FL 33470	
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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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	V.P.
NAME	RADAKOVIC, SALVADORE	1.2 NAME	ERNEST J. MANOS
STREET ADDRESS	13199 MARACELLA BLVD	1.3 STREET ADDRESS	18429 W. SYCAMORE DR
CITY-ST-ZIP	LOXAHATCHEE FL	1.4 CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	CEO	2.1 TITLE	
NAME	MANOS, SHARON	2.2 NAME	
STREET ADDRESS	18429 WEST SYCAMORE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	
NAME	RADAKOVIC, CHERYL	3.2 NAME	
STREET ADDRESS	13199 MARCELLA BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHHU FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *Sharon Manos* **SHARON MANOS** 8/12/97 81 810-2939

CR2E034 (9/96)