## 

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

ANN	1996	Secretary of State DIVISION OF CORPORATIONS			
DOCU 1. Corporation	MENT # P94	000033820	(9)		
	EDY CASH, INC.		` '		
Principal Plan	o of Challanna				
Principal Place of Business Mailing Address 735 NW 22 AVE 8601 DUNWOODY PL			DI ACE	t tog ment the term diffet admit a	anis aanis a <del>s</del> sab iilah tilbi iniib lihti bêti 1601
MIAMI FL	L 33125	SUITE 718	SUITE 718 ATLANDA GA 30350		3a. Date of Last Report
2. Principal P	ace of Business	2a. Mailing Address	***************************************	05/02/1994 4. FEI Number	08/09/1995
21		26		65-0491201	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	\$9.75 Addition 1
City & Stat	ê	City & State	406		Fee Required
23		28 A 31003 C		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	8. This corporation has liability for i	Added to Fees ntangible tax under s 199.032.
24	25  9. Name and Address of Cur	rent Registered Agent	30	Flonda Statutes 🔣 Yes	□No
	Management of the second secon	- The state of the	81 Name	10. Name and Address of New R	
CAPE	PS, GERALD N		82 Street Add	dress (P.O. Box Number is Not Acceptab	18401
735 NW 22 AVE			T (700	Since I with the individual of the completion of	Island Rd.
MIAM	II FL 33125		83		
	. 1		84 City		85 Zip Code
11. Pursuant t	to the provisions of Sections 607 03	002 old 607.1508, Florida Statut	es, the above named corpo	ration submits this statement for the punder of directors. Thereby accept the appoint	ones of changing its registered office.
familiar wi	teo agent, or both, in the State of Parties and accept the obligations of S	orida. Such charge was authoriz oction 607.0505, Elerida Statute	ed by the corporation's boa	ard of directors. I hereby accept the appo	intment as registered agent. I am
SIGNATURE	Signature, typed or printed remetal regulators	1 PINNIK	ER F AULTM	4N 4	1/24/96
12.	Signature, typed or printed named in regularity and last CFFCERS.	gent and title if applicASSISTA AND DIRECTORS	NUSECRETA	RY abbitions/changes to offi	# DATE #
TIFLE	PSD \/	☐ DELETE	1.1 TITLE Q		Change Addition
NAME	CAPPS, GERALD N			sol philox	
STREET ADDRESS CITY-ST-ZIP	735 NW 22 AVE			rd Damagal B.	'
TITLE	MIAMI FL 3312\$	DELETE	1.4 CITY-ST-ZIP 2 1 HILE	HIONYC, GA 30	
NAME		L. Paterie	2.2 NAME		Change Addition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-S1-ZIP			2 4 CITY- \$1- ZIP		
TITLE NAME		[] DELETE	3. 1 TITLE	77.00	Criange Addition
STREET ADDRESS			3.2 NAME 3.3. STREET ADDRESS		
CITY-ST-ZIP			3.4 DTY-ST-ZIP		
TITLE		☐ DELETE	4. 1 Trill		Change Addition
NAME STREET ADDRESS			4.2 NAME	80000180	14276
CITY-ST-ZIP			4.3 STREET ADDRESS	6000018C -05/02/96010	12045
TITLE		[7] DELETE	4.4 CHY-SI-ZIP 5. 1 HILE	***200,00	
NAME .		· ·	5.2 NAME		Change Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		F"1 priery	5.4 CHY-ST-ZIP		
NAME		C) DELETE	6 17HE	·····	☐ Change ☐ Abdition
STREET ADDRESS			62 NAME 63 STREET ADDRESS		(/\ W
CITY-ST-ZIP			6.4 0 TY - ST - 71P		() 1P
<ol><li>14. I do hereby</li></ol>	certify that the information supplied	with this filing is voluntarily furni	ehen and door not qualify to	or the execution stated in Castia, 440 C	

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 supplementa' annual report is true and accurate and that my signature shall have the same logal effect is if made under oath; that I am an officer or display or of the I 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 citing job, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.22.96

Daytme Phone #