

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 # P94000039994 (6)

1. Corporation Name

CASH CORNER, INC.



Principal Place of Business

444 N. NAVY BLVD.
PENSACOLA FL 32507

Mailing Address

444 N. NAVY BLVD.
PENSACOLA FL 32507

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/23/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3251183

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

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 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 607.0501, Florida Statutes.

SIGNATURE

Denise R. Vanlandingham

3/3/96

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D VANLANDINGHAM, DENISE R
3907 INDIA COVE
GULF BREEZE FL 32561

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP

PRESIDENT
D. GRANT VANLANDINGHAM
444 N. NAVY BLVD.
PENSACOLA, FL 32507

Change Addition

2.1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP

SECRETARY / TREASURER
DENISE R. VANLANDINGHAM
444 N. NAVY BLVD.
PENSACOLA, FL 32507

Change Addition

3.1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP

Change Addition

4.1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP

Change Addition

5.1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP

Change Addition

6.1 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

Change Addition

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 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:

D. Grant Vanlandingham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/96

Date

904-456-0108

Daytime Phone #

CR2E034 (12/95)