FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400039994 (6)

CASH CORNER, INC.

FILED Jun 11 1998 8:00am Secretary of State



Principal Plac	o of Business	Mailing Address				a tablidad tja sajir arati datis objis objis datis abrad sizid tatia tatia salit atar Lods		
·		ū	· ·					
444 N. NAVY BLVD. PENSAGOLA FL 32507		444 N. NAVY BLVD. Pensacola fl 32507				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 05/23/1994		
2. Principal Place of Business 21		2a. Mailing Address 26			,	4. FEI Number 59-3251183	Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State		City & State				6. Election Campaign Financing	\$5.00 May Be	
23		28				Trust Fund Contribution	Added to Fees	
Zip	Country	- Zφ	<u> </u>	Country	/	8. This corporation owes or has paid the cur		
24	25 9, Name and Address of Currer	29	30			Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No	
VAI		II vadieter võeu	·	81	Name	IO. Hailia alio Addiess of New Registered I	Agoni	
VANLANDINGHAM, DENISE R 3907 INDIA COVE								
	LF BREEZE FL 32561			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
	D. MINTELL I. C. ORANI			83				
				84	City		85 Zip Code	
					L	FL progration submits this statement for the purpose of		
office or r	registered agent or both, in the State im familiar with, and accept the oblig	of Florida, Such ch	ange was author	orized b	y the corpor	ration's board of directors. I hereby accept the app	ointment as registered	
SIGNATURE	Signature, typed or printed name of registered age	Condition of an involve	(A)OTE See	a closed Ac	cot Aigenture rea	quired when reinstating) DATE		
12.		D DIRECTORS	prost reg	13.	unit alguatore rec	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	ST	_	DELETE	1 i THLE			☐ Change ☐ Addition	
NAME	vanlandingham, denise r	1		1.2 NAME				
STREET ADDRESS	444 N NAVY BLVD			1.3 STREE	T ADDRESS			
CITY+ST+ZIP	PENSACOLA FL			1.4 CITY - S	ST - ZIP			
TITLE	P		DELETE	2.1 THLE	}		Change Addition	
NAME	VANLANDINGHAM, D. GRANT			2.2 NAME	1			
STREET ADDRESS	444 N NAVY BLVD		ł	2.3 STREE	ADDRESS			
CITY-ST-ZIP	PENSACOLA FL		011110	2.4 CITY-	ST-ZIP		T Addition	
TITLE		Ц	DELETE	3.1 TITLE			Change Addition	
NAME				3.2 NAME	T ADDRESS			
STREET ADDRESS				3.4. CITY-				
CITY-ST-ZIP TITLE			DELETE	4.1 TillE	DI * ZIF		Change Addition	
NAME		,		4. 2 NAME			<u> </u>	
STREET ADDRESS			ŀ		ADDRESS			
CITY-ST-ZIP				4.4 CITY - S	4			
TITLE			DELETE	5.1 TITLE			Change Addition	
NAME			ŀ	52 NAME				
STREET ADDRESS				5 3 STAFE	r address			
CITY-ST-ZIP				5.4 CITY - S	SI - ZIP			
TITLE	1		DELETE	6.1 TITLE			Change Addition	
NAME			:	6.2 NAME				
STREET ADDRESS				6.3 STREE	ADDRESS	•		
CITY-ST-ZIP				6.4 CITY - 5	81 - ZIP			
						6 1 10 05 5 10 10 10 10 10 10 10 10 10 10 10 10 10		

14. Thereby 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 receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

6/8/92

850- AGUANA

CICNATURE.