

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 # P94000088037 (4)

1. Corporation Name
PAYDAY CARS, INC.



Principal Place of Business
4218 HAMMOND DRIVE
WINTER HAVEN FL 33880

Mailing Address
4218 HAMMOND DRIVE
WINTER HAVEN FL 33880

3. Date Incorporated or Qualified 12/01/1994 3a. Date of Last Report 04/26/1995

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

10. Name and Address of New Registered Agent

JONES, DAVID B
4218 HAMMOND DRIVE
WINTER HAVEN FL 33880

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 607.0605, Florida Statutes.

SIGNATURE

(Signature of the person named as registered agent and his or her address)

David B. Jones, Pres

Date

1/18/96

12. OFFICERS AND DIRECTORS

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY - ST - ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY - ST - ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY - ST - ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY - ST - ZIP

D
JONES, DAVID B
3250 CRUMP ROAD
WINTER HAVEN FL 32881

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP
5. 1. TITLE
6. NAME
7. STREET ADDRESS
8. CITY - ST - ZIP
9. 1. TITLE
10. NAME
11. STREET ADDRESS
12. CITY - ST - ZIP
13. 1. TITLE
14. NAME
15. STREET ADDRESS
16. CITY - ST - ZIP
17. 1. TITLE
18. NAME
19. STREET ADDRESS
20. CITY - ST - ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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)(c), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David B. Jones, Pres

1/18/96

941-326-1939

CR2E034 (12/95)