

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000035157

1. Corporation Name  
**JS Cash, Inc.**  
17020 Shady Pines Drive  
Lutz, Florida 33549

Principal Place of Business Mailing Address  
17020 Shady Pines Dr. 17020 Shady Pines Dr.  
Lutz, Fl 33549-6185 Lutz Fl 33549-6185

3. Date Incorporated or Qualified **05/01/95** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-3328078** Applied For Not Applicable

21 Suite, Apt #, etc. 22 Suite, Apt #, etc. 5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 City & State 24 City & State 25 Country 26 Country 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

27 Zip 28 Zip 29 Country 30 Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**Jeffrey S. Cash**  
17020 Shady Pines Drive  
Lutz, Fl 33549-6185

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 607.0505, Florida Statutes

SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>P/S/T</b>
NAME		1.2 NAME	<b>Jeffrey S. Cash</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>17020 Shady Pines Drive</b>
CITY - ST - ZIP		1.4 CITY - ST - ZIP	<b>Lutz, Fl 33549</b>
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>200001807822</b>
NAME		4.2 NAME	<b>-05/05/96--01007--010</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>***200.00</b>
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

**APPROVED**  
MAY 1 1998  
BY: *[Signature]*

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: *[Signature]* **Jeffrey S. Cash** **4/25/96** **813-949-9187**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E034 (12/95)