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 # **P95000072205 (4)**

1. Corporation Name

523-CASH, INC.

Principal Place of Business	Mailing Address
1337 NE 12TH AVENUE **FORT LAUDERDALE FL 33304**	**1337 NE 12TH AVENUE** **FORT LAUDERDALE FL 33304**

3. Date Incorporated or Qualified: **09/18/1995** | 3a. Date of Last Report: NEW

2. Principal Place of Business	2a. Mailing Address
21 1337 NE 12 Avenue	26 POBox 7624
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Fort Lauderdale FL	28 City & State: FORT Lauderdale FL
24 Zip: 33304 25 Country: U.S.A.	29 Zip: 33338 30 Country: USA

4. FEI Number: 65-0610297 ☐ 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

9. Name and Address of Current Registered Agent

ANDERSON, SHERRY
1337 NE 12TH AVENUE
FORT LAUDERDALE FL 33304

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 607.1608, 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: S.E. Anderson Sherry Anderson 1/29/96
(Registered Agent's signature required when applicable) (NOTE: Registered Agent's signature required when applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1-1 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, SHERRY	1-2 NAME	
STREET ADDRESS	1337 NE 12TH AVENUE	1-3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	1-4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2-1 TITLE	☐ Change ☐ Addition
NAME	WILDE, MARIANNE	2-2 NAME	
STREET ADDRESS	1337 NE 12TH AVENUE	2-3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	2-4 CITY-ST-ZIP	
TITLE	☐ DELETE	3-1 TITLE	☐ Change ☐ Addition
NAME		3-2 NAME	
STREET ADDRESS		3-3 STREET ADDRESS	
CITY-ST-ZIP		3-4 CITY-ST-ZIP	
TITLE	☐ DELETE	4-1 TITLE	☐ Change ☐ Addition
NAME		4-2 NAME	
STREET ADDRESS		4-3 STREET ADDRESS	
CITY-ST-ZIP		4-4 CITY-ST-ZIP	
TITLE	☐ DELETE	5-1 TITLE	☐ Change ☐ Addition
NAME		5-2 NAME	
STREET ADDRESS		5-3 STREET ADDRESS	
CITY-ST-ZIP		5-4 CITY-ST-ZIP	
TITLE	☐ DELETE	6-1 TITLE	☐ Change ☐ Addition
NAME		6-2 NAME	
STREET ADDRESS		6-3 STREET ADDRESS	
CITY-ST-ZIP		6-4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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 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 added on an attachment with an address.

SIGNATURE: S.E. Anderson S.E. Anderson 1/29/96 305-523-CASH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone # (22541)