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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Secretary of State P95000072205 (4) **DOCUMENT #** 523-CASH, INC. Principal Place of Business Mailing Address 1337 NE 12TH AVENUE P O BOX 7624 FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33338 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/18/1995 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-06 10297 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30, Yes Yes 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ANDERSON, SHERRY 1337 NE 12TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33304 83 84 Zip Code 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change TITLE ANDERSON, SHERRY 1.2 NAME NAME CR2E034 1337 NE 12TH AVENUE 1.3 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33304 C/TY-ST-Z/P 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE WILDE, MARIANNE NAME 2.2 NAME 1337 NE 12TH AVENUE STREET ADDRESS 2.3 STREET ADDRESS FORT LAUDERDALE FL 33304 CITY-ST-ZIP 2, 4 CITY-SY-ZIP Addition DELETE Change 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3,4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CAY-ST-ZIP 5.4 CITY-ST-ZIP ☐ Change ☐ Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 supplemented annual export 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 feetiver 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:

**FILED** 

Jan 16 1998 8:00am