

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000081604 (7)

1. Corporation Name

THE CASH CAN UNLIMITED, INC.

Principal Place of Business

**3095 S. MILITARY TRAIL, SUITE 12
LAKE WORTH FL 33463**

Mailing Address

**3095 S. MILITARY TRAIL, SUITE 12
LAKE WORTH FL 33463**



2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip County

Zip County

24

25

29

30

9. Name and Address of Current Registered Agent

**CLARKE, KEVIN D
3095 S. MILITARY TRAIL, SUITE 12
LAKE WORTH FL 33463**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

10/20/1995

3a. Date of Last Report

4. FEI Number

65-0622626

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0300 and 607.1502, 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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0305, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	CLARKE, KEVIN D	
STREET ADDRESS	4486 WALDEN CIRCLE	
CITY, ST, ZIP	LAKE WORTH FL 33462	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLARKE, CLIFTON L	
STREET ADDRESS	507 S. DIXIE HIGHWAY	
CITY, ST, ZIP	LAKE WORTH FL 33460	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME	
16 STREET ADDRESS	
17 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 TITLE	
19 NAME	
20 STREET ADDRESS	
21 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 TITLE	
23 NAME	
24 STREET ADDRESS	
25 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26 TITLE	
27 NAME	
28 STREET ADDRESS	
29 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30 TITLE	
31 NAME	
32 STREET ADDRESS	
33 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
34 TITLE	
35 NAME	
36 STREET ADDRESS	
37 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
38 TITLE	
39 NAME	
40 STREET ADDRESS	
41 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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)(a), 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. I am an officer or director of the corporation or the person or persons 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

4/4/96 (407)642-9294

CR2E034 (12/95)