

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97, \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000013511 (6)

1. Corporation Name

REDI-CASH AUTO TITLE LOAN, INC.

Principal Place of Business

16126 OAKMANOR DRIVE  
TAMPA FL 33624

Mailing Address

16126 OAKMANOR DRIVE  
TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

02/09/1996

4. FEI Number

Applied For  
Not Applicable

59-3365824

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 801 W. WATERS AVE

26 P.O. Box 7835

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 TAMPA, FL

28 City & State

Zip

Country

Zip

Country

24 33604

25

29 33673

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROTH, JACK  
16126 OAKMANOR DRIVE  
TAMPA FL 33624

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME ROTH, JACK  
STREET ADDRESS 16126 OAKMANOR DRIVE  
CITY-ST-ZIP TAMPA FL 33624

1.1 TITLE PRES, DIR ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE VP, DIR ☐ Change ☒ Addition

2.2 NAME DOMENICK TRAINA JR  
2.3 STREET ADDRESS 316 W. NORTH ST  
2.4 CITY-ST-ZIP TAMPA, FL 33604

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE SEC-TREAS, DIR ☐ Change ☒ Addition

3.2 NAME CYNTHIA TRAINA  
3.3 STREET ADDRESS 8013 W. POCAHONTAS  
3.4 CITY-ST-ZIP TAMPA, FL 33605

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

300002290923  
-09/11/97--01106--001  
\*\*\*550.00

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE:

Cynthia Traina 9/10/97 813-025-1111

CR2E034 (4/97)