

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000051940

1. Corporation Name

FLORIDA CASH EXPRESS, INC.

Principal Place of Business

405 E. MERRITT ISLAND CAUSEWAY
MERRITT ISLAND FL 32952
US

Mailing Address

POST OFFICE BOX 2928
MERIDIAN MS 39002

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Zip

27 City & State

28 Zip

29 Country

30 Zip

Country

9. Name and Address of Current Registered Agent

SMITH, LEROY
133 WINCHESTER WAY
CRESTVIEW FL 32539

81 Name

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

83

84 City

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, EDNA		1.2 NAME	
STREET ADDRESS	2900 E. PIONEER PKWY., #424		1.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON TX 76010		1.4 CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, DENNIS JR		2.2 NAME	
STREET ADDRESS	2001 COUNTRY CLUB RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	TUPELO MS		2.4 CITY-ST-ZIP	
TITLE	DST	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, PAUL		3.2 NAME	
STREET ADDRESS	2105 31ST STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	MERIDIAN MS		3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
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	

14. I 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, with all other like empowered.

SIGNATURE: *Edna Goldman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 25, 1999 8:00am
Secretary of State

01-25-1999 90065 026 ****150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1996

4. FEI Number

64-0878391

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

Yes No

CR2E034 (11/98)