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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Secretary of State 1998 DOCUMENT # P96000062704 (7) THE CASH STORE, INC. Principal Place of Business Mailing Addross 1016 VANNESSA DR 1016 VANNESSA DR OVIEDO FL 32785 OVIEDO FL 32765 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 59-3279339 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees 23 28 Zip Country Country B. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KHALSA, NAVTEJ S 1016 VANNESSA DR Street Address (P.O. Box Number is Not Acceptable) **OVIEDO FL 32765 R3** 84 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 same of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (1097 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE Change Addition 1,1 TITLE KHALSA, NAVTEJ S. NAME 1.2 NAME 1016 VANNESSA DR. STREET ADDRESS 1.3 STREET ADDRESS OVIEDO FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - 7IP DELETE Change Addition TITLE 5.1 TITLE NAME 5 2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY+ST-7IP

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 supplied entire from the composition of the corporation of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 of changed, or year an attribution with an address.

SIGNATURE:

407-599-0993

FILED

May 20 1998 8:00am