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May 06 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 # P96000071684 (0)

1. Corporation Name

INSTANT CAR CASH, INC.



Principal Place of Business

1620 HAWTHORNE ROAD
GAINESVILLE FL 32641

Mailing Address

1620 HAWTHORNE ROAD
GAINESVILLE FL 32641-7215

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

08/26/1996

3a. Date of Last Report

4. FEI Number

59-3385380

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

9. Name and Address of Current Registered Agent

AKINS, RUSSELL L
711 SW 23RD ST STE 4
GAINESVILLE FL 32602

10. Name and Address of New Registered Agent

81 Name

PETER C. CARBONELL

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

5620 NW 22 PL

83

84 City

GAINESVILLE

FL

85 Zip Code

32605

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 of officer or director of corporation (if not a registered agent) or Registered Agent signature required when reinstating

4-28-97

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	CARBONELL, PETER C	
STREET ADDRESS	1620 HAWTHORNE ROAD	
CITY-ST-ZIP	GAINESVILLE FL 32641	
TITLE	D	DELETE
NAME	CARBONELL, GUS	
STREET ADDRESS	1620 HAWTHORNE ROAD	
CITY-ST-ZIP	GAINESVILLE FL 32641	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DM	Change	Addition
1.2 NAME	CARBONELL, JASON		
1.3 STREET ADDRESS	5620 NW 22 PL		
1.4 CITY-ST-ZIP	Gainesville		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97

DATE

352-336-4720

Daytime Phone #

CR2E034 (9/96)