**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

1. Corporation Name

DOCUMENT # P96000075396

## Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90008 024 \*\*\*150.00

CASH.9	ENTERPRISES INCORPO	MATEU						
Principal Plac	e of Business	Mailing Address			<del></del>	T 1901/991 (IN INVIO BILLI DECIT BOILS BOILS DOIL		1811E 8111 1001
1420 OCEAN WAY 1420 OCEAN WAY								
17-B 17-B						DO MOT MISSIES IN THE	0.001.05	
JUPITER FL 33477 JUPITER FL 33477						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed		
						09/11/1996		1
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	A	plied For
21	26					65-0592997		ot Applicable
	ite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75	Additional
22 27						5. Certificate of Status Desired	- Fee Re	equired
City & State						6. Election Campaign Financing	• -	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	ııry		This corporation owes the current year in Personal Property Tax.	itangible □Yes	□No
24	9. Name and Address of Curr		0		<del></del>	10. Name and Address of New Registered		
	9. Name and Address of Curr	telit vedisteren våelit		81 N	ame	to, ribilità dila viani della di lita viani di la constanti di		
CAS	H, JIMMY					(D.O. D. M. Lasia Mat Assessable)		
1420 OCEAN WAY				<b>82</b> S	treet Addre	ess (P.O. Box Number is Not Acceptable)		
17-B				83				. (
JUPITER FL 33477				84 C	:4.	The second secon	85 Zip	Code
				84	ity	F		
agent. I a	im familiar with, and accept the obli-	igations of, Section 607.0505, Florid	ia Statu	ites.		n's board of directors. I hereby accept the appropriate the superstanding of the superstandin		
TITLE	D	☐ DELETE	1.1 TII	LE			Change	Addition
NAME	CASH, JIMMY		1.2 NA	ME				1
STREET ADDRESS	A 400 OOF 141 11/41/		1.3 ST	REET ADI	RESS			
CITY-ST-ZIP	JUPITER FL 33477		1.4 CF	Y-ST-ZII	,	<u></u>		
TITLE				1 TITLE		-	☐ Change	☐ Addition
NAME			2.2 NA	ME				
STREET ADDRESS	:		2.3 ST	REET ADI	RESS			1
CITY-ST-ZIP			_	TY-ST-ZI	•			
TITLE		☐ DELETE	3,1 7/1				☐ Change	☐ Addition
NAME			3.2 NA					
STREET ADDRESS				REET ADI	1			
CITY-ST-ZIP TITLE			3.4. CI	TY-ST-ZI				☐ Addition
NAME		□ DELETE	4 1 TD				☐ Change	
STREET ADDRESS	j	☐ DELETE	4.1 TII		l		☐ Change	
CITY-ST-ZIP		DELETE	4.2N	ME	DRESS		☐ Change	
TITLE		DELETE	4, 2 N/ 4,3 ST	ME REET ADI			☐ Change	
		□ OELETE	4, 2 N/ 4,3 ST	NME REET ADI TY-ST-ZII			☐ Change	Addition
NAME			4, 2 N/ 4,3 ST 4,4 Cl	KME REET ADI TY-ST-ZII LE				
NAME STREET ADDRESS			4.2 No 4.3 ST 4.4 CF 5.1 TH 5.2 NA	KME REET ADI TY-ST-ZII LE				
			4.2 N/ 4.3 ST 4.4 Cl <sup>-</sup> 5.1 Tl <sup>-</sup> 5.2 NA 5.3 ST	NME REET ADI TY-ST-ZII LE ME	PRESS			
STREET ADDRESS			4.2 N/ 4.3 ST 4.4 Cl <sup>-</sup> 5.1 Tl <sup>-</sup> 5.2 NA 5.3 ST	NME REET ADI Y-ST-ZII LE ME REET ADI TY-ST-ZII	PRESS			
STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.2 N/ 4.3 ST 4.4 CF 5.1 TIT 5.2 NA 5.3 ST 5.4 CF	ME REET ADI Y-ST-ZII LE ME REET ADI Y-ST-ZII LE	PRESS		☐ Change	Addition

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 shell 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 leport as equired 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.

6.4 CITY-ST-ZIP

SIGNATURE: