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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000086915 (1)

DOLLAR FINANCIAL INVESTMENT, INC.

						-{			
Principal Place of Business Mailing Address							MAIAL ISING	******	7 5111 1981
8147 ICET DRIV ORLANDO FL S		8147 ICET DRIVE ORLANDO FL 32822-7753							
						3. Date Incorporated or Qualified 10/18/1996	,	te of Last R	eport
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		\	pplied For
21		26				59-340481	27_		ol Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	
\$2		27						Fee Re	
City & State	e	<u>├</u> ─ŋ '	City & State			6. Election Campaign Financing \$5.00 May Be			
23	- Country	28]				Trust Fund Contribution		Added	
Zip	Country	Zip	Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			. 199.032,
24	9. Name and Address of Curren	29 Registered Agent	30			Florida Statutes LI Yes X No 10. Name and Address of New Registered Agent			
IOU	NSON, WADE F JR	Tiogramore rigori		81	Name	10, Numb and Address of New York	31010100 7	gont	
110	E. JEFFERSON STREET		Į.						
	ANDO FL 32801			82	Street Add	ress (P.O. Box Number is Not Acceptat	le)		
UNL	MIDO FE SECOT		İ	83					
			ļ	_	· m +				
				84	City		FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statul	les, the ab	L	-named corp	poration submits this statement for the p	urpose of	changing il	s registered
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a tions of, Section 607,0505. Fi	authorized orida Stati	i by utes	the corpora	poration submits this statement for the p lion's board of directors. I horeby accep	I the appo	ointment as	registered
SIGNATURE		, , , , , , , , , , , , , , , , , , , ,							
OIGINATORIC	Signature, lyped or printed name of registered ager		t Progistered	Apcı	nt signature requi	red what reinstating)	DATE		
12.	OFFICERS AND		13.		······································	ADDITIONS/CHANGES TO OFFICE	ERS AND		
TITLE	D	☐ DELCTE	1.1 1(1	Lŧ				Change	Addition
NAME	LOIZ, CARMEN M		1.2 NAME						į
STREET ADDRESS	8147 ICET DRIVE				ADDRESS				
CITY-ST-ZIP			1.4 017		I - ZIP			<u> </u>	
TITLE	D DODINONI OLODIA M	☐ DELETE	2.1 10			,		Change	Addition
NAME				2.2 NAME					
STREET ADDRESS	MALLA TI ARRANA		4	2.3 STREET ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32822	2.4 CI		11 - 71P		· · · · · · · · · · · · · · · · · · ·	06	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
TITLE	DELETE DELETE			3 1 TITLE 3 2 NAME				Change	Addition
NAME	ALLY LOTT DON'T								
STREET ADDRESS	ANIANDA PLANAA				ADDRESS				
CITY-ST-ZIP	UHLANDO FL 32622			3.4. CITY- ST-ZIP 4.1 YILLE		···		Change	Addition
TITLE		בין טנונונ						LT CHAILGE	MODITION
NAME CYDEST ADDRESS			4.2 NA		ADDDEGO	•			
STREET ADDRESS					ADDRESS				
TITLE			4.4 CH 5.1 TIT		1 - ZIP			Change	Addition
NAME			- 1		}			Onange	L.J AUDITION
			5.2 NA		ADDRESS				
STREET ADDRESS	 -				ADDRESS				}
CITY-ST-ZIP			5.4 UII 6.1 Til	I CITY - ST - ZIP				Change	Addition
NAME		1-1 Percent	6.2 NA						L GODWOOL
STREET ADDRESS			1		ADDRESC				
PLIKEEL MODRESS	ı		6.3 811	1LLI	ADDRESS				1

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 air attachmost with an address.

(467) 38h 1120

FILED

Apr 29 1997 8:00am

Secretary of State

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