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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretar of State DIVISION OF CORPORATIONS

1998

P97000014619 (5) DOCUMENT #

CASH "FAST" FINANCE, INC.

Principal Place of Business Mailing Address

## FILED Feb 24 1998 8:00am Secretary of State



5934 U.S. HIGHWAY 19 5934 U.S. HIGHWAY 19 **NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/10/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GONZALES, LARRY J 81 6645 RIDGE ROAD 82 **PORT RICHEY FL 34668** 83 84 City 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 againt, it 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 ted name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ DELETE **Change** Addition TITLE 1.1 TITLE GAEDE, ROLF NAME 1.2 NAME 5934 U.S. HIGHWAY 19 STREET ADDRESS 1.3 STREET ADDRESS **NEW PORT RICHEY FL 34652** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 2.1 TITLE **Addition** GAEDE, RUTH 5934 U.S. HIGHWAY 19 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS NEW PORT RICHEY, FL 34652 CITY-ST-ZIP 2. 4 CITY - ST - ZIP Change Addition TITLE 3.1 TITLE NAME **3.2 NAME** STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP Change DELETE Addition TITLE 4.1 TALE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP 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 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 no an alread mechanism. 1-2198 012-049-4111