

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Suzanne B. Martinez
Secretary of State
Tallahassee, Florida 32399-0001

**APPROVED
AND
FILED**

95 MAY 13 1410:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S26216 (9)

1. Corporation Name

CASH EXPRESS AUTO PAWN, INC.

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification 01/18/1991	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3049376	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 § 199.032, Florida Statutes. ☐ Yes ☒ No	

2. Principal Office Address		2a. Mailing Address	
4912 E HILLSBOROUGH AVE TAMPA FL 33610-4744		4912 E HILLSBOROUGH AVE TAMPA FL 33610-4744	
21. State, Apt. #, etc.	22. City, State	26. State, Apt. #, etc.	27. City, State
23. Zip	24. County	28. Zip	29. County
25. Country	30. Locality		

9. Name and Address of Current Registered Agent

**ANDREWS, LANCE
111 2ND AVENUE N.E.
SUITE 1406 PLAZA TOWER
ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

81. Name STEVEN CUCULICK
82. Street Address (P.O. Box Number is Not Acceptable) 4912 E Hillsborough Ave.
83. City TAMPA
84. State FL
85. Zip Code 33610

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(8), 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 607.05(8), Florida Statutes.

SIGNATURE: **STEVEN CUCULICK** X *[Signature]* DATE: **4-25-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	S CUCULICK, STEVEN 4912 E. HILLSBOROUGH AVE. TAMPA FL	1. NAME	PISTILO CUCULICK, STEVEN 4912 E Hillsborough Ave TAMPA FL
STREET ADDRESS		2. NAME	PAUL SCHROEDER 4912 E. Hillsborough Ave TAMPA FL
CITY		3. NAME	
STATE		4. NAME	
ZIP		5. NAME	
STREET ADDRESS		6. NAME	
CITY		7. NAME	
STATE		8. NAME	
ZIP		9. NAME	
STREET ADDRESS		10. NAME	
CITY		11. NAME	
STATE		12. NAME	
ZIP		13. NAME	
STREET ADDRESS		14. NAME	
CITY		15. NAME	
STATE		16. NAME	
ZIP		17. NAME	
STREET ADDRESS		18. NAME	
CITY		19. NAME	
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CITY		91. NAME	
STATE		92. NAME	
ZIP		93. NAME	
STREET ADDRESS		94. NAME	
CITY		95. NAME	
STATE		96. NAME	
ZIP		97. NAME	
STREET ADDRESS		98. NAME	
CITY		99. NAME	
STATE		100. NAME	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(1)(b), 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. I am an officer or director of the corporation or the person or persons 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 in an affidavit with an address.

SIGNATURE: **STEVEN CUCULICK** X *[Signature]* DATE: **4/26/95** 813-620-3100