FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED
95 MAY 10 PM 10:35
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **S26216** **(9)**

1. Corporation Name
CASH EXPRESS AUTO PAWN, INC.

Principal Place of Business:
4912 E HILLSBOROUGH AVE
TAMPA FL 33610-4744

Mailing Address:
4912 E HILLSBOROUGH AVE
TAMPA FL 33610-4744

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/18/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☑ No

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 CUCULICH
82 Street Address (P.O. Box Number is Not Acceptable): 4912 E. Hillsborough Ave.
83
84 City: TAMPA FL 85 Zip Code: 33610

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: STEVEN CUCULICH X [signature] DATE: 4-25-95

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	CUCULICK, STEVEN
STREET ADDRESS	4912 E. HILLSBOROUGH AVE.
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1 TITLE	P/S/T/D	☐ Change ☑ Addition
1 NAME	Cuculich, STEVEN	
1 STREET ADDRESS	4912 E Hillsborough Ave	
1 CITY-ST-ZIP	TAMPA FL	
2 TITLE	D	☐ Change ☑ Addition
2 NAME	NEIL SCHRADER	
2 STREET ADDRESS	4912 E. Hillsborough Ave	
2 CITY-ST-ZIP	TAMPA FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEVEN CUCULICH

Date: 4/26/95 Daytime Phone #: 813-620-3100

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