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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # S26216

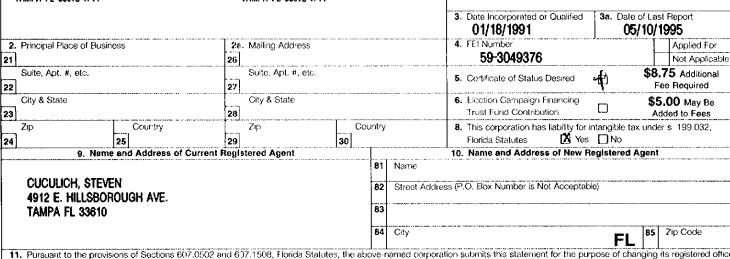
CASH EXPRESS AUTO PAWN, INC.

Principal Place of Business

4912 E HILLSBOROUGH AVE TAMPA FL 33610-4744

Mailing Address

4912 E HILLSBOROUGH AVE TAMPA FL 33610-4744



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 apply the ofigations of, Section 607.0505, Florida Statutes.				
SIGNATURE Signal of typod of printed raine of registured agent and tab. if application (NOTE Registered Agent signature required when reinstating)  WOTE Registered Agent signature required when reinstating)				
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THILE	PSTD	DELETE	1. 1 TIILE	Change Addition
NAME	CUCULICK, STEVEN		1.2 NAME	
STREET ADDRESS	4912 E. HILLSBOROUGH AVE.		1.3 STREET ADDRESS	
CITY-S1-ZIP	TAMPA FL		1.4 CITY - \$T - ZIP	
TITLE	D	DELETE	2 1 TITLE	Change Addition
NAMÉ	SCHAUER, NEIL		2.2 NAME	
STREET ADDRESS	4912 E. HILLSBOROUGH AVE.		23 STREET ADDRESS	į.
CITY - ST - ZIP	TAMPA FL		24 CITY-ST-ZIP	
TITLE		[]] DELETE	3 1 TIELE	Change Addition
NAME			3 2 NAME	
STREET ADDRESS			3 3. STREET ADDRESS	• •
CITY-ST-ZIP			3.4 CITY - \$1 - ZIP	
TITLE		DELETE	4 1 111LE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		DELETE	5. 1 TOLF	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - \$1 - ZIP	
TITLE		☐ DELETE	6. 1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 C/TY+ST+ZIP	

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 enipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

STEVEL CUCULICH 4/39/96

CR2E034 (12/95)