

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

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F19719 (6) 1. Corporation Name CASH A CHECK OF N. FLORIDA, INC.			
Principal Place of Business 1020-10 N. EDGEWOOD AVE. JACKSONVILLE FL 32254 US		Mailing Address 1020-10 N. EDGEWOOD AVE. JACKSONVILLE FL 32254-2361 US	
2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 02/13/1981		3a. Date of Last Report 02/27/1996	
4. FEI Number 59-2745274		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 s. 199.032, Florida Statutes ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent FRAZIER, ROBINSON, W. ATTY 1515 RIVERSIDE AVE JACKSONVILLE FL 32204		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 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 _____ (NOTE: Registered Agent signature required when re-appointing) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD KAHN, STEVEN S. 1020-10 NO. EDGEWOOD AVE JACKSONVILLE FL	☐ DELETE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD KAHN, JEROME H. 1020-100 N. EDGEWOOD AVE JACKSONVILLE FL	☐ DELETE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD KAHN, ESTHER J. 1020-10 EDGEWOOD AVE. NO JACKSONVILLE FL	☐ DELETE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ DELETE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ DELETE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ DELETE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ DELETE	☐ Change ☐ Addition
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 included 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 in an attachment with an address.			
SIGNATURE: <i>[Signature]</i>		4/15/97 904-783-5955	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)