

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J25534 (5)

1. Corporation Name
CHECK EXPRESS, INC.



Principal Place of Business: **101 EAST KENNEDY BLVD STE 3800 TAMPA FL 33602 US**
Mailing Address: **101 EAST KENNEDY BLVD STE 3800 TAMPA FL 33602 US**

3. Date Incorporated or Qualified: **07/23/1986**
3a. Date of Last Report: **03/22/1995**
4. FEI Number: **59-2731112**
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

2. Principal Place of Business: **21 1231 Greenway Drive**
Suite, Apt. #, etc.: **22 800**
City & State: **23 Irving TX**
Zip: **24 75038**
Country: **25 Dallas**
2a. Mailing Address: **26 1231 Greenway Drive**
Suite, Apt. #, etc.: **27 800**
City & State: **28 Irving TX**
Zip: **29 75038**
Country: **30 Dallas**

9. Name and Address of Current Registered Agent
LANG, LARRY F.
101 E. KENNEDY BLVD
STE 3800
TAMPA FL 33602

10. Name and Address of New Registered Agent
81 Name: **CT Corporation System**
82 Street Address (P.O. Box Number is Not Acceptable): **1200 South Pine Island Road**
83
84 City: **Plantation** **FL** 85 Zip Code: **33324**

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: *[Signature]* **3/19/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D	<input checked="" type="checkbox"/>
NAME	MCENANY, PATRICK J.	
STREET ADDRESS	11121 S.W. 110 RD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DPST	<input checked="" type="checkbox"/>
NAME	LANG, LARRY F.	
STREET ADDRESS	101 E KENNEDY BLVD. # 3800	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	WOZNAK, JOSEPH	
STREET ADDRESS	15404 - 20TH S.W.	
CITY-ST-ZIP	SEATTLE WA	
TITLE	D	<input checked="" type="checkbox"/>
NAME	SCHILIT, KEITH W.	
STREET ADDRESS	101 E. KENNEDY BLVD STE 3800	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPFS	<input checked="" type="checkbox"/>
NAME	TODD, DECKER A	
STREET ADDRESS	101 E KENNEDY BLVD. # 3800	
CITY-ST-ZIP	TAMPA FL	
TITLE	EVPO	<input checked="" type="checkbox"/>
NAME	GOERTZ, ROGER D	
STREET ADDRESS	101 E KENNEDY BLVD # 3800	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
1.1 TITLE	President, CEO and Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Donald H. Newstead		
1.3 STREET ADDRESS	1231 Greenway Dr, Suite 800		
1.4 CITY-ST-ZIP	Irving, TX 75038		
2.1 TITLE	Vice President, Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Raymond E. McCarty		
2.3 STREET ADDRESS	1231 Greenway Dr, Suite 800		
2.4 CITY-ST-ZIP	Irving, TX 75038		
3.1 TITLE	Secretary, Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Thomas E. Larson		
3.3 STREET ADDRESS	1231 Greenway Dr, Suite 800		
3.4 CITY-ST-ZIP	Irving, TX 75038		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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(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 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: *[Signature]* **3/19/96** **214 550-5100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)