

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 # **J29646** (3)
1. Corporation Name
THE CHECK CASHING STORE MANAGEMENT CO., INC.



Principal Place of Business: 5200 N.W. 33RD AVENUE, 203, FT. LAUDERDALE FL 33309 US
Mailing Address: 5200 N.W. 33RD AVENUE, 203, FT. LAUDERDALE FL 33309 US

3. Date Incorporated or Qualified: 08/20/1986
3a. Date of Last Report: 04/19/1995
4. FEI Number: 36-3456737
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) 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)

9. Name and Address of Current Registered Agent: HAUSER, PAUL, 5200 N.W. 33RD AVENUE, SUITE #203, FT. LAUDERDALE FL 33309
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

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 registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERSHMAN, BARRY E.	1 2 NAME	
STREET ADDRESS	1400 E TOUHY AVE STE 100	1 3 STREET ADDRESS	
CITY-ST-ZIP	DES PLAINES IL	1 4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUSER, PAUL	2 2 NAME	
STREET ADDRESS	5200 N.W. 33RD AVENUE	2 3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2 4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EAGER, ALLEN	3 2 NAME	
STREET ADDRESS	1400 E TOUHY AVE STE 100	3 3 STREET ADDRESS	
CITY-ST-ZIP	DES PLAINES IL	3 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	500001784185
STREET ADDRESS		4 3 STREET ADDRESS	-04/17/96--01065--045
CITY-ST-ZIP		4 4 CITY-ST-ZIP	***200.00
TITLE	<input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address.

SIGNATURE: _____ DATE: 4/15/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ DAYTIME PHONE #: 847-299-3100

CR2E034 (12/95)