

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J75130 (1)

1. Corporation Name
THE CHECK CASHING STORE #9, INC.



Principal Place of Business: **251 N. STATE ROAD 7 MARGATE FL 33063 US**
Mailing Address: **5200 N.W. 33RD AVENUE 203 FT. LAUDERDALE FL 33309 US**

3. Date Incorporated or Qualified: **05/28/1987**
3a. Date of Last Report: **04/19/1995**
4. FEI Number: **36-3509815**
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. City & State
22. Zip
23. Country
24. Mailing Address
25. City & State
26. Zip
27. Country
28. Name and Address of Current Registered Agent
29. Name
30. Street Address (P.O. Box Number is Not Acceptable)
31. City
32. Zip Code

HAUSER, PAUL
5200 N.W. 33RD AVENUE
SUITE #203
FT. LAUDERDALE FL 33309

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	
NAME	HERSHMAN, BARRY E.	2. NAME	
STREET ADDRESS	1400 E TOUHY AVE STE 100	3. STREET ADDRESS	
CITY-ST-ZIP	DES PLAINES IL	4. CITY-ST-ZIP	
TITLE	VD	5. TITLE	
NAME	HAUSER, PAUL	6. NAME	
STREET ADDRESS	5200 N.W. 33RD AVENUE, SUITE #203	7. STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	8. CITY-ST-ZIP	
TITLE	STD	9. TITLE	
NAME	EAGER, ALLEN	10. NAME	
STREET ADDRESS	1400 E TOUHY AVE STE 100	11. STREET ADDRESS	
CITY-ST-ZIP	DES PLAINES IL	12. CITY-ST-ZIP	
TITLE		13. TITLE	
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE		17. TITLE	
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. CITY-ST-ZIP	

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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]* **BARRY E. HERSHMAN, PRES.** 4/15/96 847-299-3100
DATE: _____ DAYTIME PHONE: _____

CR2E034 (12/95)