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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90017 023 ***150.00

DOCUMENT # M26427

1. Corporation Name CHECK CASHING U.S.A., INC.

Principal Place of Business 8333 N.W. 12TH STREET MIAMI FL 33126 Mailing Address 8333 N.W. 12TH STREET MIAMI FL 33126



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/24/1986 4. FEI Number 59-2627743 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 21 8347 W Flagler St 22 Suite, Apt. #, etc. 23 City & State 24 Zip 33144 Country 25 26 8347 W Flagler St 27 Suite, Apt. #, etc. 28 City & State 29 Zip 33144 Country 30 25

9. Name and Address of Current Registered Agent DOYLE, JOSEPH 8333 N.W. 12TH STREET MIAMI FL 33126

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City Miami FL 85 Zip Code 33144

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Table with 12 rows and 2 columns: 12. OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row 1: P, DOYLE, JOSEPH, 8347 WEST FLAGLER STREET, MIAMI FL. Includes DELETE checkboxes.

Table with 13 rows and 2 columns: 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Includes Change and Addition checkboxes.

14. I 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 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, with all other like empowered.

SIGNATURE: Joseph M Doyle 1-21-99 305 261-2870 Date Daytime Phone #

CR2E034 (1/198)