

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 # **M76903** (7)

1. Corporation Name
CHECK EXPRESS FLORIDA, INC.



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

3. Date Incorporated or Qualified: **04/13/1988**
3a. Date of Last Report: **03/22/1995**
4. FEI Number: **59-2884144**
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**, 22 **800**, 23 **Irving, TX**, 24 **75038**, 25 **Dallas**
2a. Mailing Address: 26 **1231 Greenway Drive**, 27 **800**, 28 **Irving, TX**, 29 **75038**, 30 **Dallas**

9. Name and Address of Current Registered Agent
LANG, LARRY F.
101 EAST KENNEDY STE 3800
TAMPA FL 33609

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 original of, Section 607.0505, Florida Statutes.

SIGNATURE: *REEM Cart* **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		DELETED
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	RADER, MARK	
STREET ADDRESS	101 EAST KENNEDY STE 3800	
CITY - ST - ZIP	TAMPA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LANG, LARRY F.	
STREET ADDRESS	101 EAST KENNEDY STE 3800	
CITY - ST - ZIP	TAMPA FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BAILEY, CATHY	
STREET ADDRESS	101 EAST KENNEDY STE 3800	
CITY - ST - ZIP	TAMPA FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	MURIN, KAREN K.	
STREET ADDRESS	101 EAST KENNEDY STE 3800	
CITY - ST - ZIP	TAMPA FL	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE	President, CEO and Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 NAME	Donald H. Neustadt		
13 STREET ADDRESS	1231 Greenway Dr., Suite 800		
14 CITY - ST - ZIP	Irving, TX 75038		
21 TITLE	Vice President, Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22 NAME	Raymond E. McCarty		
23 STREET ADDRESS	1231 Greenway Dr., Suite 800		
24 CITY - ST - ZIP	Irving, TX 75038		
31 TITLE	Secretary, Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32 NAME	Thomas E. Larson		
33 STREET ADDRESS	1231 Greenway Dr., Suite 800		
34 CITY - ST - ZIP	Irving, TX 75038		
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 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: *REEM Cart* **3/19/96** **214 550-5100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (12/95)