

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -2 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000006422

1. Corporation Name

CHECK CASH "R" US

Principal Place of Business

ORLANDO

Mailing Address

7639 INTERNATIONAL
Dr, Orlando, FL
32819

000001423240

-03/07/95--01097--021

****213.75 ****213.75

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

Jan. 19, 1995

3a. Date of Last Report

4. FEI Number

I.D.# 65-0465559

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

HASMUKH PATEL
2462 S. E. GOWIN Drive,
Port St. Lucie, FL 34952

10. Name and Address of New Registered Agent

81 Name VIRBALA. PATEL
82 Street Address (P.O. Box Number is Not Acceptable) 3531 Bonaire Blvd.
83 # 1413
84 City Kissimmee FL
85 Zip Code 34741

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] VIRBALA. PATEL President

2/1/95

Typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when necessary)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE P
2. NAME HASMUKH. PATEL
3. STREET ADDRESS 2462 S. E. Gowin Drive,
4. CITY-ST-ZIP Port/St. Lucie, FL 34952

1.1 TITLE P
1.2 NAME VIRBALA. PATEL Change Addition
1.3 STREET ADDRESS 3431 Bonaire Blvd. #1413
1.4 CITY-ST-ZIP Kissimmee FL 34741

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

2.1 TITLE V
2.2 NAME HASMUKH. PATEL Change Addition
2.3 STREET ADDRESS 2462 S. E. Gowin Dr.
2.4 CITY-ST-ZIP Port-St. Lucie, FL 34952

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP

3.1 TITLE T
3.2 NAME HASMUKH. PATEL Change Addition
3.3 STREET ADDRESS 2462 S. E. Gowin Dr.
3.4 CITY-ST-ZIP Port St. Lucie, FL 34952

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP

4.1 TITLE S
4.2 NAME VIRBALA. PATEL Change Addition
4.3 STREET ADDRESS 3431 Bonaire Blvd.
4.4 CITY-ST-ZIP #1413, Kissimmee FL 34741

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP

5.1 TITLE C
5.2 NAME Jose Franco Change Addition
5.3 STREET ADDRESS 7639 International Dr.
5.4 CITY-ST-ZIP Orlando, FL 32819

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP CH

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 110.07(3)(g), 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: VIRBALA. PATEL *[Signature]* (P) 2/1/95 (407) 352-5465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

KEYWORD PREFIX #