

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**May 18 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000003835 (0)

1. Corporation Name
CHECK CASHING UNLIMITED, INC.



Principal Place of Business: ~~G/O STEPHEN M. BEYER, ESQUIRE, 4800 SHERIDAN STREET, SUITE 301, HOLLYWOOD, FL 33021~~

Mailing Address: ~~G/O STEPHEN M. BEYER, ESQUIRE, 4800 SHERIDAN STREET, SUITE 301, HOLLYWOOD, FL 33021~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/14/1997

2. Principal Place of Business

21 **5701 MARQUATE BLVD.**

22 Suite, Apt. #, etc.

23 **MARQUATE, FL.**

24 **33063** 25 **USA**

26 **5701 MARQUATE BLVD.**

27 Suite, Apt. #, etc.

28 **MARQUATE, FL**

29 **33063** 30 **USA**

4. FEI Number
65-073 7371

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**KHAN, HOWARD N
4000 HOLLYWOOD BOULEVARD
SUITE 485 SOUTH
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81 Name **MICHAEL BUCCIANNA**

82 Street Address (P.O. Box Number is Not Acceptable)
5701 MARQUATE BLVD.

83

84 City **MARQUATE** FL 85 Zip Code **33063**

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]* **MICHAEL BUCCIANNA** DATE **4/30/98**

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JUHL, CHRISTY	
STREET ADDRESS	4800 SHERIDAN STREET, SUITE 301	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input 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

1.1 TITLE	Pres/VP/Sec/Treas./Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MICHAEL BUCCIANNA	
1.3 STREET ADDRESS	6363 NW 39 ST	
1.4 CITY-ST-ZIP	CORAL SPRINGS FL 33067	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE *[Signature]* **MICHAEL BUCCIANNA** DATE **4/30/98** (954) 969-8606

CR2E034 (10/97)