

**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 # **S20354 (4)**

1. Corporation Name

**CHECK EXPRESS SOUTH CAROLINA, INC.**



Principal Place of Business

Mailing Address

101 EAST KENNEDY BLVD  
#3800  
TAMPA, FL 33602  
US

101 EAST KENNEDY BLVD  
#3800  
TAMPA, FL 33602  
US

2. Principal Place of Business

2a. Mailing Address

21 1231 Greenway Drive

26 1231 Greenway Drive

22 800

27 800

23 Irving, TX

28 Irving, TX

24 75038

25 Dallas

29 75038

30 Dallas

9. Name and Address of Current Registered Agent

LANG, LARRY F.  
5201 W KENNEDY BLVD  
SUITE 750  
TAMPA FL 33609

3. Date Incorporated or Qualified

12/20/1990

3a. Date of Last Report

03/22/1995

4. FEI Number

59-3044898

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

10. Name and Address of New Registered Agent

81 Name C.T. Corporation System  
82 Street Address (P.O. Box Number 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent or agent-in-charge, if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

*REM... SVP*

3/19/96

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BAILEY-NOBLE, CATHY	
STREET ADDRESS	101 EAST KENNEDY BLVD., #3800	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LANG, LARRY F.	
STREET ADDRESS	101 E KENNEDY BLVD., #3800	
CITY-ST-ZIP	TAMPA FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	MURIN, KAREN K	
STREET ADDRESS	101 E KENNEDY BLVD #3800	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LYON, LINDA	
STREET ADDRESS	101 W KENNEDY BLVD., #3800	
CITY-ST-ZIP	TAMPA FL	
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	President, CEO, and Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Donald H. Neustacht	
1.3 STREET ADDRESS	1231 Greenway Dr., Suite 800	
1.4 CITY-ST-ZIP	Irving, TX 75038	
2.1 TITLE	Vice President, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Raymond E. McCarty	
2.3 STREET ADDRESS	1231 Greenway Dr., Suite 800	
2.4 CITY-ST-ZIP	Irving, TX 75038	
3.1 TITLE	Secretary, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Thomas E. Lawson	
3.3 STREET ADDRESS	1231 Greenway Dr., Suite 800	
3.4 CITY-ST-ZIP	Irving, TX 75038	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*REM... SVP*

3/19/96

214.530.5100

Date

Daytime Phone #

CR2E034 (12/95)