## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** 857871 (8)FLORIDA CURRENCY EXCHANGES INC. Principal Place of Business Mailing Address 3410 VANTAGE LANE 3410 VANTAGE LANE GLENVIEW IL 60025 **GLENVIEW IL 60025** 3. Date Incorporated or Qualified 3a. Date of Last Report 09/19/1983 01/24/1995 4. FEI Number 2. Principal Place of Business 2a. Maring Address Applied For 36-3200954 26 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Ζıρ 8. This corporation has liability for intangible tax under s. 199 032 Yes No Florida Statutes 24 25 29 30 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City 85 Zip Code 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signar we typed or prieted name of registered agent and little diappilitable (NOTE: Begindered Agent signature required when renatating). ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3.6)12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 THEF GAGERMAN, GARY 1.2 NAME NAME CR2E034 **3628 LIBERTY LANE** STREET ADDRESS 1.3 STREET ADDRESS **GLENVIEW IL** City - St - ZiP 1.4 CHTY - ST - 2IP DELETE Change Addition VPD 24 THLE TITLE GAGERMAN, GEORGE NAME 2.2 NAME 1953 EAST 71ST STREET 2.3 STREET ADDRESS STREET ADDRESS CHICAGO IL 2 4 C(TY - ST - Z)P CITY - ST - ZIP TITLE STD DELETE 3.1 TITLE Change Addition GRYN, LEONARD NAME 3.2 NAME 3410 VANTAGE LANE STREET ADDRESS 3.3 STREET ADDRESS **GLENVIEW IL** CITY - S? - ZIP 34 CHY-ST-ZP DELETE Change Addition TITLE 4 1 TITLE FRISCH, SIDNEY, JR. NAME 4 2 NAM5 312 WEST RANDOLPH ST. STREET ADDRESS 4.3 STREET ADDRESS CHICAGO IL CITY - ST - ZIP 44 CITY - ST-ZIP DELETE Change Addition TITLE 5.1 TIFLE NAME 5.2 NAME STREET ADDRESS 5.3 STHEET ADDRESS CITY-ST-ZIP 5.4 CHY - ST-ZIP Change Addition DELETE 6 1 TITLE Tilte NAME 6 3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST. 2IP CITY - ST - ZIP 14. To 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 1 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 it made under oath. That I are an officer or director of the polytochion or the receiver or trustee empowered to execute this/report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 it chapter only an attachment with an address.

OFFICER OF DIRECTOR

SIGNATURE: \_

SIGNATURE AND TYPED OF