

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE

FILED

97 MAR -3 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A11463

FLORIDA CHECKCASHERS #1, LTD. PARTNERSHIP

97-AR
CM



Mailing Address

~~401 NE 167TH ST.~~
~~NORTH MIAMI BEACH FL 33162~~

Principal Office Address

~~401 NE 167TH ST.~~
~~NORTH MIAMI BEACH FL 33162~~

3. Date Formed or Registered

11/09/1981

5a. Capital Contributions as
Shown on record.

\$90,000.00

3a. Date of Last Report

11/09/1995

5b. Amount of Capital
Contributions in FLORIDA
to date.

4. State or Country of Formation

IL

2. Mailing Address

1142 So. Federal Hwy

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip

33316

Country

U.S.

2a. Principal Office Address

1142 So. Federal Hwy

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip

33316

Country

U.S.

6. FEI Number

36-3145018

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

OKO, RALPH N.

~~401 NE 167TH ST.~~

~~NORTH MIAMI BEACH FL 33162~~

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

1142 So. Federal Hwy

Suite, Apt. #, etc.

City

FT. LAUDERDALE

FL

Zip Code

33316

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

RAFI CORPORATION, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

~~401 NE 167TH ST.~~
1142 So. Federal Hwy

11b. City, State & Zip Code

~~NORTH MIAMI BEACH FL~~
FT. LAUDERDALE,
FL 33304

11c. Registration/
Document Number

K74497

03/05/97-01055-005
****541.25 ****541.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Ralph N. Oko
RALPH N. OKO

DATE

2-25-97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

954 764 0101