

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

FILED

Mar 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **G39285**

(3)

1. Corporation Name
CHECKCASHERS OF FLORIDA, INC.



Principal Place of Business

Mailing Address

~~401 N.E. 167TH STREET~~
~~NORTH MIAMI BEACH FL 33162~~
US

~~401 N.E. 167TH STREET~~
~~NORTH MIAMI BEACH FL 33162-0006~~
US

2. Principal Place of Business

21 **1142 So. Federal Hwy**
Suite, Apt. #, etc.

2a. Mailing Address

26 **1142 So. Federal Hwy**
Suite, Apt. #, etc.

22 City & State

23 **FT. LAUDERDALE, FL.**

24 Zip **33316**

25 Country **U.S.**

27 City & State

28 **FT. LAUDERDALE, FL**

29 Zip **33316**

30 Country **U.S.**

9. Name and Address of Current Registered Agent

OKO, RALPH N
~~401 N.E. 167TH STREET~~
~~NORTH MIAMI BEACH FL 33162~~

3. Date Incorporated or Qualified

04/29/1983

3a. Date of Last Report

04/22/1996

4. FEI Number

59-2281901

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

10. Name and Address of New Registered Agent

81 Name

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

83 **1142 So. Federal Hwy**

84 City **FT. LAUDERDALE** FL

85 Zip Code **33316**

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 of person making change of registered agent and time if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
<input type="checkbox"/> DELETE	DP	401 N.E. 167TH STREET	NORTH MIAMI BEACH FL
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
<input checked="" type="checkbox"/> Change		1142 So. Federal Hwy	FT. LAUDERDALE, FL 33316
<input type="checkbox"/> Change			
<input type="checkbox"/> Change			
<input type="checkbox"/> Change			
<input type="checkbox"/> Change			
<input type="checkbox"/> Change			
<input type="checkbox"/> Change			
<input type="checkbox"/> Change			
<input type="checkbox"/> Change			

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RALPH N. OKO

2-25-97

954 764 0101

CR2E034 (9/96)