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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # G39285**

1. Corporation Name

CHECKCASHERS OF FLORIDA, INC.

Principal Place	e of Business	Mailing Address				- F	00 III io IoIIO Ii 001 I			B}B() 01011 1601
1142 S FEDERAL HIGHWAY FT LAUDERDALE FL 33316		1142 S FEDERAL HIGHWAY FT LAUDERDALE FL 33316				DO NOT WRI	TE IN THIS	SPACE		
us us						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
	•					04/29/1983				
2 Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number	· · · · · · · · · · · · · · · · · · ·		Ar	plied For
21		26	•			59-228190	1 -		No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							\$8.75	Additional
22		27				5. Certifcate of S	status Desireo		Fee R	equired
City & State	e ·	City & State				6. Election Camp	paign Financing		\$5.00	May Be
23		28				Trust Fund Co	ontribution		Added	to Fees
Zip	Country	Zip	Cour	try		8. This corporation		ent year int		-
24	25	29	30		<del></del>	Personal Prop		Pagistared	☐ Yes	Mo
	9. Name and Address of Current	Registered Agent		B1	Name	10. Name and A	auress of New F	(egistereu .	Agent	
ОКО	, RALPH N									
1142 S FEDERAL HIGHWAY				82	Street Addre	ress (P.O. Box Number is Not Acceptable)				Ì
FT LAUDERDALE FL 33316			}	83						
• • •										
				84	City			FL	85 Zip	Code
44 Diversions	to the provisions of Sections 607.0502	and 607 1508 Florida Sta	tutes the ah	ove-r	named corpo	ration submits this s	statement for the	nurnose of	changing its	registered
office or re	onictored agent or both in the State of	of Florida. Such change Was	s authorized	bv th	e corporation	n's board of director	s. I hereby accep	ot the appoi	ntment as re	egistered }
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, i	rionda Statu	es.						
SIGNATURE	Signature, typed or printed name of registered agent							DATE		
		t and title if applicable. (N	DTE: Registered	\gent si	signature required	when reinstating)		DATE		i
12.	OFFICERS AN		TE: Registered	\gent si	signature required		HANGES TO OF			
					signature required		HANGES TO OF		ID DIRECTO	DRS IN 12
12.	OFFICERS AN	D DIRECTORS	13.	.E	signature required		HANGES TO OF			
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DP OKO, RALPH N 1142 S FEDERAL HIGHWAY	D DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT	.E ME REET AL Y-ST-Z	DDRESS		HANGES TO OF		` ☐ Change	☐ Addition
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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 suppliemental 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 of 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP1-

5-764-0101

Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90029 026 \*\*\*150.00

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