

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # G91121 (5)

1. Corporation Name

BROWARD CHECK EXCHANGE, INC.

**APPROVED
AND
FILED**

95 MAY -1 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**C/O ABE ROSENBERG
3876 SHERIDAN STREET
HOLLYWOOD FL 33021**

Mailing Address

**C/O ABE ROSENBERG
3876 SHERIDAN STREET
HOLLYWOOD FL 33021**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1984

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 County

28 Zip

29 County

4. FEI Number

59-2375974

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 § 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**ROSENBERG, ABE, ESQ.
3876 SHERIDAN STREET
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Registered Agent Signature (Registered Agent and State Application)

12. Blockstreet Agent Signature (Not Applicable)

(13)

12. OFFICERS AND DIRECTORS

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY, ST, ZIP

**PSD
WOLF, SHERWIN M.
3214 WEST BROWARD BLVD.
FT. LAUDERDALE FL**

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY, ST, ZIP

**VD
WOLF, MELVIN K.
2527 SALCEDA DRIVE
NORTHBROOK IL**

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY, ST, ZIP

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY, ST, ZIP

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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 149.07(9)(b), 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 of this report or on any attachment with additions.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-792-3500