FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H21162** **(3)**

1. Corporation Name

CHECK CASHING SERVICES, INC.

Principal Place of Business	Mailing Address
4119 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32839-1236	4119 S ORANGE BLOSSOM TRAIL ORLANDO FL 32839-1236

3. Date Incorporated or Qualified: **09/17/1984**

3a. Date of Last Report: **01/13/1995**

4. FEI Number: **59-2445564** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

COOPER, MARK O.
200 E. ROBINSON ST.
STE 865
ORLANDO FL 32801

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 Section 607.1905 and 617.1905, 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. The corporation's board of directors has authorized 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

12. OFFICERS AND DIRECTORS

7 TITLE	PD	☐ DELETE
8 NAME	FRENKEL, MARSHALL	
9 STREET ADDRESS	4119 S ORANGE BLOSSOM TR	
10 CITY-ST-ZIP	ORLANDO FL	
11 TITLE	VD	☐ DELETE
12 NAME	FRENKEL, ALAN	
13 STREET ADDRESS	4119 S ORANGE BLOSSOM TR	
14 CITY-ST-ZIP	ORLANDO FL	
15 TITLE	S	☐ DELETE
16 NAME	FRENKEL, GERMAINE	
17 STREET ADDRESS	4119 S ORANGE BLOSSOM TR	
18 CITY-ST-ZIP	ORLANDO FL	
19 TITLE		☐ DELETE
20 NAME		
21 STREET ADDRESS		
22 CITY-ST-ZIP		
23 TITLE		☐ DELETE
24 NAME		
25 STREET ADDRESS		
26 CITY-ST-ZIP		
27 TITLE		☐ DELETE
28 NAME		
29 STREET ADDRESS		
30 CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

31 TITLE	☐ Change	☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
35 TITLE	☐ Change	☐ Addition
36 NAME		
37 STREET ADDRESS		
38 CITY-ST-ZIP		
39 TITLE	☐ Change	☐ Addition
40 NAME		
41 STREET ADDRESS		
42 CITY-ST-ZIP		
43 TITLE	☐ Change	☐ Addition
44 NAME		
45 STREET ADDRESS		
46 CITY-ST-ZIP		
47 TITLE	☐ Change	☐ Addition
48 NAME		
49 STREET ADDRESS		
50 CITY-ST-ZIP		
51 TITLE	☐ Change	☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		

CR2E034 (12/95)

14. I 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)(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 above, or on an attachment with an entry dated.

SIGNATURE: A. B. Frenkel ALAN B. FRENKEL 1-18-96 407 843 1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone