


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

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 4119 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32839-1236	Mailing Address 4119 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32839-1236
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Ste. 1300		2a. Mailing Address	
21 924 W. State Road 436		26 924 W. State Road 436	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 Altamonte Springs, Fl		27 Suite 1300	
City & State		City & State	
23		28 Altamonte Springs, Fl	
Zip		Zip	
24 32714		29 32714	
Country		Country	
25 USA		30 USA	

3. Date Incorporated or Qualified 09/17/1984	
4. FEI Number 59-2445564	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent COOPER, MARK O. 200 E. ROBINSON ST. STE 885 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	
85 Zip Code		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRENKEL, MARSHALL	1.2 NAME	
STREET ADDRESS	4119 S ORANGE BLOSSOM TR	1.3 STREET ADDRESS	924 W. S. R 436, #1300
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Altamonte Springs, Fl 32714
TITLE	VO <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRENKEL, ALAN	2.2 NAME	
STREET ADDRESS	4119 S ORANGE BLOSSOM TR	2.3 STREET ADDRESS	same
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRENKEL, GERMAINE	3.2 NAME	
STREET ADDRESS	4119 S ORANGE BLOSSOM TR	3.3 STREET ADDRESS	same
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 **Alan B. Frenkel** **1/14/98** **Alt 924 1600**

CR2E034 (10/97)