

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

FILED
Jan 27 1998 8:00am
Secretary of State

| | | |
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| 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 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|---------------------------------|--|----|---|-----------------------|
| 2. Principal Place of Business Ste. 1300 | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 09/17/1984 | |
| 21 924 W. State Road 436 | 26 924 W. State Road 436 | 4. FEI Number 59-2445564 | | Applied For Not Applicable | |
| Suite, Apt. #, etc. Altamonte Springs, Fl | | Suite, Apt. #, etc. Suite 1300 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 Altamonte Springs, Fl | | 27 Suite 1300 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| City & State | | City & State Altamonte Springs, Fl | | 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 | |
| 23 | Zip 32714 | Country USA | 28 | Zip 32714 | Country USA |
| 24 | 25 | 29 | 30 | | |

9. Name and Address of Current Registered Agent

**COOPER, MARK O.
 200 E. ROBINSON ST.
 STE 065
 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 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

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | FRENKEL, MARSHALL | |
| STREET ADDRESS | 4119 S ORANGE BLOSSOM TR | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | FRENKEL, ALAN | |
| STREET ADDRESS | 4119 S ORANGE BLOSSOM TR | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | FRENKEL, GERMAINE | |
| STREET ADDRESS | 4119 S ORANGE BLOSSOM TR | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 924 W. S. R 436, #1300 |
| 1.4 CITY-ST-ZIP | Altamonte Springs, Fl 32714 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | SAME |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | SAME |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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 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** DATE **01/27/98**

CR2E034 (10/97)