

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

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Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J29646** (3)
1. Corporation Name
THE CHECK CASHING STORE MANAGEMENT CO., INC.



Principal Place of Business 5200 N.W. 33RD AVENUE 203 FT. LAUDERDALE FL 33309 US	Mailing Address 5200 N.W. 33RD AVENUE 203 FT. LAUDERDALE FL 33309-6398 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/20/1986	3a. Date of Last Report 04/17/1996
21	Suite, Apt. #, etc.	26	1400 E. Touhy Avenue	4. FEI Number 36-3456737	Applied For Not Applicable
22	City & State	27	Suite 100	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Des Plaines IL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	60018	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent HAUSER, PAUL 5200 N.W. 33RD AVENUE SUITE #203 FT. LAUDERDALE FL 33309		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

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	DP <input type="checkbox"/> DELETE	1.1 TITLE	Secretary-Treasurer/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERSHMAN, BARRY E.	1.2 NAME	
STREET ADDRESS	1400 E TOUHY AVE STE 100	1.3 STREET ADDRESS	
CITY-ST-ZIP	DES PLAINES IL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUSER, PAUL	2.2 NAME	
STREET ADDRESS	5200 N.W. 33RD AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EAGER, ALLEN	3.2 NAME	
STREET ADDRESS	1400 E TOUHY AVE STE 100	3.3 STREET ADDRESS	
CITY-ST-ZIP	DES PLAINES IL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Marshall Davis
STREET ADDRESS		4.3 STREET ADDRESS	5200 N.W. 33rd Avenue
CITY-ST-ZIP		4.4 CITY-ST-ZIP	FT. Lauderdale FL 33309
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
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	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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  **SEC-TREAS Barry E. Hershman** Date _____ Daytime Phone # **847-299-3100**

CR2E034 (9/96)