FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 AM 7:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K59167** **(2)**

1. Corporation Name
CUTLER RIDGE CHECK CASHIERS, INC.

Principal Place of Business
20219 S. DIXIE HWY
CUTLER RIDGE FL 33189

Mailing Address
27303 S. DIXIE HWY.
NARANJA FL 33032
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/17/1989**
3a. Date of Last Report: **02/15/1994**

2. Principal Place of Business
21 20505 S. Dixie Hwy
22 Suite, Apt. #, etc: Suite 561
23 City & State: Miami, FL.
24 Zip: 33189 25 Country: U.S.

2a. Mailing Address
26 20505 S. Dixie Hwy
27 Suite, Apt. #, etc: Suite 561
28 City & State: Miami, FL.
29 Zip: 33189 30 Country: US.

4. FEI Number: **65-0096417** ☐ 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

9. Name and Address of Current Registered Agent

LEVIN, MARC
27303 S. DIXIE HWY.
NARANJA FL 33032

10. Name and Address of New Registered Agent

81 Name: Marc Levin
82 Street Address (P.O. Box Number is Not Acceptable): 20505 S. Dixie Hwy Suite 561
83: Suite 561
84 City: Miami FL 85 Zip Code: 33189

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: Marc Levin Pres. Marc Levin President 4-15-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	LEVIN, IRWIN	12 NAME	
STREET ADDRESS	20219 S. DIXIE HWY	13 STREET ADDRESS	20505 S. Dixie Hwy. Suite 561
CITY-ST-ZIP	CUTLER RIDGE FL	14 CITY-ST-ZIP	Miami, FL - 33189
TITLE	PD	21 TITLE	☒ Change ☐ Addition
NAME	LEVIN, MARC	22 NAME	
STREET ADDRESS	20219 S. DIXIE HWY	23 STREET ADDRESS	20505 S. Dixie Hwy. Suite 561
CITY-ST-ZIP	CUTLER RIDGE FL	24 CITY-ST-ZIP	Miami, FL - 33189
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 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: Marc Levin Pres. Marc Levin President 4-15-95 305-232-9993
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0117018 CP