

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

**95 APR 26 PM 3: 12**

**CORPORATION ANNUAL REPORT 1995**



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

**SECRETARY OF STATE TALLAHASSEE, FLORIDA**

**DOCUMENT # K59168 (0)**

**1. Corporation Name**  
**NARANJA CHECK CASHIERS, INC.**

**Principal Place of Business**      **Mailing Address**  
**27303 S. DIXIE HWY**      **27303 S. DIXIE HWY**  
**NARANJA FL 33032**      **NARANJA FL 33032**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified**      **3a. Date of Last Report**  
**01/17/1989**      **01/28/1994**

**4. FEI Number**      **Applied For**  
**65-0096504**       **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** **20505 S. Dixie Hwy**

**22** Suite, Apt. #, etc.      **27** Suite, Apt. #, etc.  
**svite 561**

**23** City & State      **28** City & State  
**Miami, FL**

**24** Zip      **25** Country      **29** Zip      **30** Country  
**33189**           **U-S-**

**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

**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**      Signature, typed or printed name of registered agent and title if applicable      NOTE: Registered Agent signature required when certifying      DATE

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>LEVIN, IRWIN</b>
<b>STREET ADDRESS</b>	<b>27303 S. DIXIE HWY</b>
<b>CITY - ST - ZIP</b>	<b>NARANJA FL</b>
<b>TITLE</b>	<b>PD</b>
<b>NAME</b>	<b>LEVIN, MARC</b>
<b>STREET ADDRESS</b>	<b>27303 S. DIXIE HWY</b>
<b>CITY - ST - ZIP</b>	<b>NARANJA FL</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>11</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12</b> NAME	
<b>13</b> STREET ADDRESS	
<b>14</b> CITY - ST - ZIP	
<b>21</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>22</b> NAME	
<b>23</b> STREET ADDRESS	
<b>24</b> CITY - ST - ZIP	
<b>31</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>32</b> NAME	
<b>33</b> STREET ADDRESS	
<b>34</b> CITY - ST - ZIP	
<b>41</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>42</b> NAME	
<b>43</b> STREET ADDRESS	
<b>44</b> CITY - ST - ZIP	
<b>51</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>52</b> NAME	
<b>53</b> STREET ADDRESS	
<b>54</b> CITY - ST - ZIP	
<b>61</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>62</b> NAME	
<b>63</b> STREET ADDRESS	
<b>64</b> 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 110.07(2)(k), 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 certified, or in an attachment with an address.**

**SIGNATURE:** *Marc Levin*      **Marc Levin**      **President**      **4-15-95**      **305-222-4993**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (Date)      (Telephone Number)