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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

K75620

(0)

CHECK CASHING DEPOT #1, INC.

**FILED** Jan 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						a.a., 41411 t.a., a.t., 41411
	FEDERAL HIGHWAY	118 SOUTH FEDERAL HIGHWAY			-	
DANIA FL 33004		DANIA FL 33004			DO NOT WRITE IN THIS SPACE	
Ì					3. Date Incorporated or Qualified	
					03/27/1989	
2. Principal F	lace of Business	2a. Mailing Address	5		4. FEI Number	Applied For
21		26			65-0116998	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Dosired	\$8.75 Additional
22		27			6. Confincate of Status Dosired	Fee Required
City & Stat	0	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		1 rust Fund Contribution	Added to Fees	
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes 1 No
	9. Name and Address of Curre	ent Registered Agent		<u></u>	10. Name and Address of New Registe	ed Agent
	HLLER, STEVEN D.		6	1 Name		
4960 NW 92ND TERRACE			8		Idress (P.O. Box Number is Not Acceptable)	
CORAL SPRINGS FL 33067				917	123 FAIL RIVER DR	
				83		
			8	4 City		85 Zip Code
				POCA	1 (~1) 00	- <b>L</b>   88496
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida S	Statutes, the abo	ve-named co	orporation submits this statement for the purpos ration's board of directors. I hereby accept the	o of changing its registered
agent. I a	rn familiar with, and accept the oblig	gations of, Section 607.050	was authorized 05, filorida Statut	oy ine corpo es.	ration's board of directors. Thereby accept the	appointment as registered
SIGNATURE						
	Signature, typed or punted name of registered a			gont signature rec	quited when reinstating) DA	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	PS	DELET			h.	Change Addition
NAME	MILLER, STEVEN	-	1.2 NAM		LACO TALL OUTER A	0
STREET ADDRESS	4960 N.W. 92ND TERRACE	2	1.3 STRE	F1 ADDRESS   &	21723 FAIL RIDER D	4.
CITY-ST-ZIP	CORAL SPRINGS FL	····	1.4 CITY	· ST - 7IP	BOOA PATON FL 8BC	19 <del>4</del> 5
TITLE	I	DELET	E 21 TITLE	ļ	•	Change Addition
NAME	MILLER, JILL	_	2.2 NAM			
STREET ADDRESS	4960 N.W. 92ND TERRACE	E	2.3 STRE	ELADDRESS   E	21723 FAIL RIVER OR	21100
CITY - ST - ZIP	CORAL SPRINGS FL	· · · · · ·	2.4 C/1Y		BOCA RATION FL 3	3408
TITLE		☐ DELET	£ 3.1 1111LF	1		Change Addition
NAME			3.2 NAMI	.		
STREET ADDRESS .			3 3 STRE	ET ADDRESS		
CITY-ST-ZIP	· ·		3.4. CITY			
TITLE		DELET		1		Change Addition
NAME			4. 2 NAM	F		
STREET ADDRESS			4.3 S1RE	et address		
CITY-ST-ZIP			4.4 CITY			
TITLE .		DELFT	E 5.1 TITLE	į		☐ Change ☐ Addition
NAME			5.2 NAMI			
STREET ADDRESS			5.3 S18E	ET ADDRESS		

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 innual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 chyliged, or on an attachment with an appliers.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 11114

6.2 NAME

CITY - ST - ZIP

STREFT ADDRESS CITY-ST-ZIP

TITLE

NAME

DELETE

9549227770

Change

Addition