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CORPORATION ANNUAL REPORT 1995

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

FILED
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DIVISION OF CORPORATIONS
95 JAN 31 PM 1:52

DOCUMENT # L57563 (3)

1. Corporation Name
A.B.N. CHECK CASHING CORP.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
% NIKUNJ A. PATEL 2705 54TH AVE. NO. ST. PETERSBURG FL 33714	% NIKUNJ A. PATEL 4756 US 19 NORTH NEW PORT RICHEY FL 34652 US

3. Date Incorporated or Qualified: 03/12/1990
3a. Date of Last Report: 03/14/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-2994188 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PATEL, NIKUNJ A.
4756, U.S. 19 NO
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name: Nikunj A. Patel
82 Street Address (P.O. Box Number is Not Acceptable): 13706, Sun ct.
83
84 City: Tampa FL 85 Zip Code: 33624

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: Nikunj A. Patel President Nikunj A. Patel 1/16/95
(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	1.1 TITLE	☐ Change ☐ Addition
NAME	PATEL, NIKUNJ A.	1.2 NAME	
STREET ADDRESS	16302 BONNEVILLE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	RATHOD, BIPIN	2.2 NAME	
STREET ADDRESS	281 WEST LINCOLN AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROSELLE PK. NJ	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	PATEL, ARVIND	3.2 NAME	
STREET ADDRESS	411 CLOVER PL.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROSELLE PK. NJ	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 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.

1/16/95

SIGNATURE: Nikunj A. Patel President Nikunj A. Patel 813-527-3314
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — Daytime Phone #

0984027 CP