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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # L68995

SUNSHINE STATE CHECK CASHING CENTERS, INCORPORAT ED

Principal Place of Business

Mailing Address

## **FILED** Apr 14 1997 8:00am Secretary of State



% F. CLIFF SEAVY 1162 N. STATE RD. 7 LAUDERDALE FL 33313		% F. CLIFF SEAVY 1162 N. STATE RD. 7 LAUDERDALE FL 33313-8630		3. Date Incorporated or Qualified 04/27/1990	3a. Date 08/12	e of Last 2/1996		
	lace of Business	2a. Mailing Address		eavy Jr. ith St. #409	4. FEI Number			Applied For
21	# Seavy Jr.	[20]	Lauderde	ın St. #409 <del>de, FL 33316</del>	65-0206813	*********		Not Applicable
1050 SE 15th St. #409 22 Ft. Lauderdele, FL 32318		27			5 Certificate of Status Desired			Additional Required
City & Stat	te:	City & State			Election Campaign Financing     Trust Fund Contribution			May Be d to Fees
Zip <b>24</b>	Country 25	Zip <b>29</b>	Coun	try	This corporation has liability for in Florida Statutes	ntangible to Yes 🔲		r s. 199.032,
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Reg	stered A	gent	
	AVY, F. CLIFF		8	Name				
1050 SE 15TH ST., #409 FT. LAUDERDALE FL 33316				Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
			8	13				
			Ē	14 City	11-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	FL	85 Zi	p Code
office or	registered agent, or both, in the Stat am familiar with, and accept the obli	le of Florida. Such change was gations of, Section 607.0505, Fl	authorized	by the cornerati	oration submits this statement for the p ion's board of directors. I hereby accep	the appoi	intment	as registered
	Signature, typed or per led name of registured a			Agent signature require		DATE	NIDE OT	200 111 40
12.		ND DIRECTORS	13.		red when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND D	_	
<b>12.</b> 101.F	OFFICERS A		13. 1.1 TITL	E		ERS AND D	DIRECTO Chang	
12. TITLE NAME	P SEAVY, F. CUFF	ND DIRECTORS	13. 1.1 TITL 1.2 NAN	E AE		ERS AND D	_	
12. THEF NAME STREET ADDRESS	OFFICERS A P SEAVY, F. CUFF 1050 SE 15TH STREET, #40	ND DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR	E ME EET ADDRESS		ERS AND D	_	
12. TITLE NAME	P SEAVY, F. CUFF	ND DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR	E ME EET ADDRESS (-ST-ZIP		ERS AND (	_	e Addition
12. THEF NAME STREET ADDRESS CITY-SE-ZIP	OFFICERS A P SEAVY, F. CUFF 1050 SE 15TH STREET, #40	ND DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CHTY	E ME EET ADDRESS '-ST-ZIP E		ERS AND (	Chang	e Addition
12. HIGE NAME STREEL ADDRESS CITY-SI-ZIP HIGE	OFFICERS A P SEAVY, F. CLIFF 1050 SE 15TH STREET, #40 FT. LAUDERDALE FL 33316	ND DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM	E ME EET ADDRESS '-ST-ZIP E		ERS AND (	Chang	e Addition
12. THEF NAME STREET ADDRESS CHY-SI-ZIP THEF NAME	OFFICERS A P SEAVY, F. CLIFF 1050 SE 15TH STREET, #40 FT. LAUDERDALE FL 33316	ND DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR	E HE EEI ADDRESS ('-SI-ZIP E	ADDITIONS/CHANGES TO OFFIC	ERS AND (	Chang	e Addition
12.  THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS A P SEAVY, F. CLIFF 1050 SE 15TH STREET, #40 FT. LAUDERDALE FL 33318	ND DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR	E HE HE HE HE HE HE HE HE HI	ADDITIONS/CHANGES TO OFFIC	ERS AND C	Chang	e Addition
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Information inocated 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: