

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M81563 (2)

1. Corporation Name

LITTLE TIGER MOBILE CHECK CASHING SERVICE, INC.



Principal Place of Business

Mailing Address

1100 W NEW HAVEN AVE
W MELBOURNE FL 32904

1100 W NEW HAVEN AVE
W MELBOURNE FL 32904

3. Date Incorporated or Qualified

05/19/1988

3a. Date of Last Report

06/08/1995

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-2841402

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAPLAN, BARRY J.
3363 W COMMERCIAL BLVD.
SUITE A-115
FT. LAUDERDALE FL 33309

81 Name

PAUL R. LEVY

82 Street Address (P.O. Box Number is Not Acceptable)

1177 N. AIA #303

83

84 City

INDIAN LANTIC

FL

85

Zip Code

32903

11. Pursuant to the provisions of Sections 607.0512 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 607.0512, Florida Statutes.

SIGNATURE

[Signature]

CEO PAUL R. LEVY

4/26/96

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME

VSE
LEVY, PAUL R.
1100 W NEW HAVEN AVE
W MELBOURNE FL

☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

STREET ADDRESS
CITY - ST - ZIP

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

V
LEVY, JOAN
1100 W NEW HAVEN AVE
W MELBOURNE FL

☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

☐ DELETE

☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

☐ DELETE

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

☐ DELETE

☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

☐ DELETE

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(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 changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

407-953-9999

Daytime Phone #

CR2E034 (12/95)