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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # M81563 (2) LITTLE TIGER MOBILE CHECK CASHING SERVICE, INC. Principal Place of Business Mailing Address 1100 W NEW HAVEN AVE W MELBOURNE FL 32904 M81563 (2) Mailing Address 1100 W NEW HAVEN AVE W MELBOURNE FL 32904							
				3. Date Incorporated or Qualified 05/19/1988	3a. Date 0	of Last Re 6/08/19	
Principal Piac	ce of Business	2a, Mailing Address		4. FEI Number			pplied For
		26		59-2841402			lot Applicable Additional
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired			lequired
City & State		City & State		6. Election Campaign Financing	r -	\$5.00	May Be
		28		Trust Fund Contribution			to Fees
Zφ	Country	Zip	Country	8. This corporation has liability for Florida Statutes	intangible tax 	cunder s	199.032,
	9 Name and Address of Current	1 Registered Agent	30	10. Name and Address of New I		gent	
.= x - x	g, Maille and Address of Current	t trogistioned rigeria	B1 Name	0 1 1 1 1 1			
WADI AT	N, BARRY J.		82 Street Addr	TUL K. LEV Y	ble)		
	COMMERICAL BLVD.			ess (P.O. Box Number is Not Acceptal	3		
SUITE			83				
	UDERDALE FL 33309		84 City			85 Zip	Code _
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. Pursuant to	the provisions of Sections 607 0572	and 607,1508, Florida Statute	es, the above-named corpor	ration submits this statement for the pure directors. I hereby accept the app	irpose of chai pointment as i	nging its re registered	egistered offic agent. I am
or registere familiar with	h, and accept the obligations at Secti	ion 800 06 8 Florida Statutes	carby the corporation of boar	,	./	_	_
	, glio docopit and deligation	Old Str. Osto, Talka Statutes	· ^ ^	1	Whi	101-	
7	V / But	CE.	O PAUL K	LEVI	4/26	196	
GNATURE _	ating typed of pryoid name registered front	and title if all plicable. (NO	O PAUL K ITE Registered Agent signature require	or whon reinstating:	DATE	76)	
GNATURE _	uting types or provide name registered from OFFICERS AND	and title if all plicable. (NO	O PAUL K	LEVI	FICERS AND	76)	
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SIGNATURE:

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