


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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M81563 (2)
1. Corporation Name
LITTLE TIGER MOBILE CHECK CASHING SERVICE, INC.

Principal Place of Business 1100 W NEW HAVEN AVE W MELBOURNE FL 32904	Mailing Address 1100 W NEW HAVEN AVE W MELBOURNE FL 32904
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4600 BABCOCK ST. Suite, Apt. #, etc. 22 City & State 23 PALM BAY, FL Zip 24 32905		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA		3. Date Incorporated or Qualified 05/19/1988 4. FEI Number 59-2841402 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent LEVY, PAUL R. 1177 N. A1A #303 INDIALANTIC FL 32903		10. Name and Address of New Registered Agent 81 Name STAR GRADY 82 Street Address (P.O. Box Number is Not Acceptable) 2134 SANDALWOOD DR. 83 84 City MELBOURNE FL 85 Zip Code 32935	
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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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *Star E. Grady* 4-27-98
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSC	1.1 TITLE	P
NAME	LEVY, PAUL R.	1.2 NAME	LEVY, PAUL
STREET ADDRESS	1100 W NEW HAVEN AVE	1.3 STREET ADDRESS	1100 W. NEW HAVEN AVE.
CITY-ST-ZIP	W MELBOURNE FL	1.4 CITY-ST-ZIP	W. MELBOURNE, FL 32094
TITLE	V	2.1 TITLE	
NAME	LEVY, JOAN	2.2 NAME	
STREET ADDRESS	1100 W NEW HAVEN AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	W MELBOURNE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: *Paul R. Levy* PAUL R. LEVY (P) 4/27/98 407-728-4888

CR2E034 (10/97)