

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M97100 (5)

1. Corporation Name

ASSOCIATED CHECK CASHERS, INC.



Principal Place of Business

Mailing Address

% MIGUEL CABRERA
2550 MAYPORT ROAD
ATLANTIC BEACH FL 32233

C/O BOB MASUGA
MERCHANDISE MART PLAZA, ROOM 1344
CHICAGO IL 60654
US

2. Principal Place of Business

2a. Mailing Address

21 6808 LILLIAN ROAD

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

JACKSONVILLE, FL

28

City & State

24

Zip 32211

Country

29

Zip

Country

25

30

9. Name and Address of Current Registered Agent

3. Date incorporated or Qualified

08/26/1988

3a. Date of Last Report

03/21/1995

4. FCI Number

59-2919979

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

10. Name and Address of New Registered Agent

BOGGS, KEN
6808 LILLIAN ROAD
JACKSONVILLE FL 32211

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when removing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME LEVITT, MICHAEL
STREET ADDRESS 644 WEBSTER
CITY-ST-ZIP CHICAGO IL

☐ DELETE

TITLE D
NAME BORRAS, EDWARD
STREET ADDRESS 2002 FOREST FALLS
CITY-ST-ZIP KINGWOOD TX

☐ DELETE

TITLE D
NAME CABRERA, MIGUEL
STREET ADDRESS 10549 GODDARD APT 366
CITY-ST-ZIP OVERLAND PARK KA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2230 W. PALMER
CHICAGO, IL 60647

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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)(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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Levitt M. LEVITT

3/18/96 (512) 644-7640

CR2E034 (12/95)