PROFIT
CORPORATION
ANNUAL REPORT
1997

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

FILED
Jul 28 1997 8:00am
Secretary of State

DOCUMENT # M97100   **(5)**
1. Corporation Name
ASSOCIATED CHECK CASHERS, INC.

Principal Place of Business

6808 LILLIAN ROAD
~~2550 MAYPORT ROAD~~
JACKSONVILLE FL 32211
US

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/26/1988**	3a. Date of Last Report **03/22/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **59-2919979**	Applied For
21 *ASSOCIATED CHECK CASHERS*	26 *C/O BOB MASUGA*		Not Applicable

22 *6808 LILLIAN ROAD* Suite, Apt. #, etc.	27 *MERCHANDISE MART PLAZA, 491* Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

23 *JACKSONVILLE, FL* City & State	28 *CHICAGO, IL* City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

24 Zip *32211*	25 Country *USA*	29 Zip *60654*	30 Country *USA*	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent		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 reinstating)   DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **D**		☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME **LEVITT, MICHAEL**			1.2 NAME		
STREET ADDRESS **2230 W PALMER**			1.3 STREET ADDRESS		
CITY-ST-ZIP **CHICAGO IL**			1.4 CITY-ST-ZIP		
TITLE **D**		☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME **BORRAS, EDWARD**			2.2 NAME		
STREET ADDRESS **2002 FOREST FALLS**			2.3 STREET ADDRESS		
CITY-ST-ZIP **KINGWOOD TX**			2.4 CITY-ST-ZIP		
TITLE **D**		☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME **CABRERA, MIGUEL**			3.2 NAME		
STREET ADDRESS **10549 GODDARD APT 366**			3.3 STREET ADDRESS		
CITY-ST-ZIP **OVERLAND PARK KA**			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (4/97)

14. I do 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: _____