FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 20 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P23907** **(9)**

1. Corporation Name
METRO CHECKCASHERS, LTD., INC.

Principal Place of Business	Mailing Address
~~14760 BISCAYNE BLVD.~~	~~14760 BISCAYNE BLVD.~~
~~NORTH MIAMI BEACH FL 33181~~	~~NORTH MIAMI BEACH FL 33181~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/17/1989**
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business	2a. Mailing Address
21 401 N.E. 163rd ST	26 401 N.E. 163rd ST.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: NORTH MIAMI BEACH, FL	28 City & State: NORTH MIAMI BEACH, FL
24 Zip: 33162 25 Country: USA	29 Zip: 33162 30 Country: USA

4. FEI Number: **59-2455908** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OKO, RALPH ~~14760 BISCAYNE BLVD~~ ~~NORTH MIAMI BEACH FL 33181~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 401 N.E. 163 rd ST. 83 84 City: North Miami Beach **FL** 85 Zip Code: 33162

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	GOLDMAN, MARTIN J.	12 NAME	
STREET ADDRESS	~~450 SKOKIE BLVD.~~	13 STREET ADDRESS	191 WAUKEGAN RD ST. 110
CITY-ST-ZIP	~~NORTHBROOK IL~~	14 CITY-ST-ZIP	NORTHFIELD, IL 60093
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	PETRO, NERINO J.	22 NAME	
STREET ADDRESS	1111 1/2 AVON ST.	23 STREET ADDRESS	
CITY-ST-ZIP	ROCKFORD IL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	OKO, RALPH, N	32 NAME	
STREET ADDRESS	~~14760 BISCAYNE BLVD~~	33 STREET ADDRESS	401 N.E. 163 rd ST
CITY-ST-ZIP	~~N MIAMI BEACH FL~~	34 CITY-ST-ZIP	NORTH MIAMI BEACH, FL. 33162
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: _____ 4/14/95 561 994 6710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RALPH V-OKO

0400108 CP