FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

METRO CHECKCASHERS, LTD., INC.

Principal Place of Business

401 N.E. 167TH STREET
NORTH MIAMI BEACH FL 33162
US

Mailing Address

401 N.E. 167TH STREET
NORTH MIAMI BEACH FL 33162
US

3. Date Incorporated or Qualified: **04/17/1989**

3a. Date of Last Report: **04/20/1995**

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

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip 24 County 25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip 29 County 30

9. Name and Address of Current Registered Agent

OKO, RALPH
401 N.E. 167TH STREET
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

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 607.1506, 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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	GOLDMAN, MARTIN J.		12 NAME	
STREET ADDRESS	191 WAUKEGAN RD., STE#110		13 STREET ADDRESS	
CITY-ST-ZIP	NORTH FIELD IL		14 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	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	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	OKO, RALPH, N		32 NAME	
STREET ADDRESS	401 N.E. 167TH STREET		33 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	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 report is true, complete and does not omit, for the exemptions stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this 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: RALPH N. OKO Dir 4-4-96 954-454-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

CR2E034 (12/95)