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Mar 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

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

~~401 N.E. 167TH STREET~~
~~NORTH MIAMI BEACH FL 33162-0006~~
US

2. Principal Place of Business

21 1142 So. FEDERAL Hwy
Suite, Apt. #, etc.

22 City & State
FT. LAUDERDALE, FL

23 Zip 33316 Country U.S.

24 33316 25 U.S.

2a. Mailing Address

26 1142 So. FEDERAL Hwy
Suite, Apt. #, etc.

27 City & State
FT. LAUDERDALE, FL

28 Zip 33316 Country US

29 33316 30 US

3. Date Incorporated or Qualified
04/17/1989

3a. Date of Last Report
04/22/1996

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

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

81 Name

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

83 1142 So. FEDERAL Hwy

84 City FT. LAUDERDALE FL 85 Zip Code 33316

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GOLDMAN, MARTIN J.
STREET ADDRESS 191 WAUKEGAN RD., STE#110
CITY-ST-ZIP NORTH FIELD IL

TITLE SD
NAME PETRO, NERINO J.
STREET ADDRESS 1111 1/2 AVON ST.
CITY-ST-ZIP ROCKFORD IL

TITLE D
NAME OKO, RALPH, N
STREET ADDRESS 401 N.E. 167TH STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP 61103

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 1142 So. FEDERAL Hwy

3.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33316

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0221639

CR2E034 (9/96)