


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 20 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P92000004076 (5)**

1. Corporation Name

EZ CHECK CASHING OF TAMPA, INC.



| | |
|---|---|
| Principal Place of Business 8340 N DALEMBRY HWY TAMPA FL 33614 US | Mailing Address 5124 SOUTH SHORE DR- NEW PORT RICHEY FL 34652- US 17948 US Hwy 19N Clearwater, FL 33764 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

| | | |
|---|---------------------------------------|--|
| 3. Date Incorporated or Qualified 11/12/1992 | 4. FEI Number 59-3152824 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |

| |
|--|
| 9. Name and Address of Current Registered Agent YOUNG, TERRI 5124 S SHORE DR- NEW PORT RICHEY FL 34652 4178 Roberts Point Cir Sarasota, FL 34242 |
|--|

| |
|---|
| 10. Name and Address of New Registered Agent 81 Name Terri Young 82 Street Address (P.O. Box Number is Not Acceptable) 4178 Roberts Point Cir 83 City Sarasota FL 85 Zip Code 34242 |
|---|

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 | |
|----------------------------|----------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | PT YOUNG, TERRI |
| STREET ADDRESS | 5124 S SHORE DR |
| CITY-ST-ZIP | NEW PORT RICHEY FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | S YOUNG, JEFF |
| STREET ADDRESS | 5124 S SHORE DR |
| CITY-ST-ZIP | NEW PORT RICHEY FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | VP POLLARD, GAIL |
| STREET ADDRESS | 5900 SHORE BLVD., S. #801 |
| CITY-ST-ZIP | GULFPORT FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | 4178 Roberts Point Cir |
| 1.3 STREET ADDRESS | Sarasota, FL 34242 |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | 4178 Roberts Point Cir |
| 2.3 STREET ADDRESS | Sarasota, FL 34242 |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied in 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 supplementary 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 a shareholder 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 in the statement with an address.

SIGNATURE

Terri Young Terri Young

3/12/98 8135355315

CPRE034 (10/97)