

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 # P92000011650 (8)

1. Corporation Name:

A CHECK CASHING PLACE, INC.



Principal Place of Business

Mailing Address

400 WEST CERVANTES STREET
PENSACOLA FL 32505

400 WEST CERVANTES STREET
PENSACOLA FL 32505

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	12/15/1992	03/14/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-3152955	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28		
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	29		
Country	Country	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	Yes No
25	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MINSHEW, LISA S
600 S. BARRACKS STREET
SUITE 201
PENSACOLA FL 32501

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	P	1.1 TITLE	
NAME	MINSHEW, FERMON	1.2 NAME	
STREET ADDRESS	438 E BAYFRONT DR	1.3 STREET ADDRESS	
CITY-STATE-ZIP	PENSACOLA FL	1.4 CITY-STATE-ZIP	
TITLE	VP	2.1 TITLE	
NAME	MINSHEW, HELEN	2.2 NAME	
STREET ADDRESS	438 E BAYFRONT DR	2.3 STREET ADDRESS	
CITY-STATE-ZIP	PENSACOLA FL	2.4 CITY-STATE-ZIP	
TITLE	VP	3.1 TITLE	
NAME	MINSHEW, DON K	3.2 NAME	
STREET ADDRESS	1904 E. LLOYD ST.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	PENSACOLA FL	3.4 CITY-STATE-ZIP	
TITLE	ST	4.1 TITLE	
NAME	MINSHEW, LISA A	4.2 NAME	
STREET ADDRESS	600 S BARRACKS ST., STE 201	4.3 STREET ADDRESS	
CITY-STATE-ZIP	PENSACOLA FL	4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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)(k), 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:

Lisa A Minshe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-96

Date

904-433-8363
Daytime Phone #

CR2E034 (12/95)