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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000011650 (8)

Country

A CHECK CASHING PLACE, INC.

Principal Place of Business 400 WEST CERVANTES STREET PENSACOLA FL 32505

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Zip

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

28

400 WEST CERVANTES STREET PENSACOLA FL 32505

FILED Jan 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

12/15/1992

59-3152955

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

24	25		29	30	<u>)</u>							lue June 3		Yes	_ 니	No	-
	9. Name and Address of Current Registered Agent							10). Name	and Ado	iress of	New Regi	stered A	\gent			
MIN	SHEW, LISA S				81	I N	ame										
555 E. GOVERNMENT STREET								Address :	no De	Ne Ne made	in blat 4						_
PENSACOLA FL 32501							reet A	Agaress (P.O. BO	is isamber	IS NOT A	cceptable	? }			-	
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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.															ď		
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SIGNATURE .	Signature, typed or prints	d name of registered agent	and title if anclicable	e (NOTE: B	egistered Ar	nent sig	anati ire	required whe	en reinstatir	10)			DATE				- [
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Country

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 by on an attachment with an address.

SIGNATURE:

CAN DURSLEDUIRER

1-24-92

(850)438-3400