

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 # **P93000060418 (9)**

1. Corporation Name

**THE CHECK CASHING STORE #37, INC.**



Principal Place of Business

**1021 STATE ROAD 84  
SUITE 203  
FT LAUDERDALE FL 33315  
US**

Mailing Address

**5200 NW 33 AVE  
SUITE 203  
FT LAUDERDALE FL 33309**

3. Date Incorporated or Qualified  
**08/25/1993**

3a. Date of Last Report  
**04/19/1995**

4. FEI Number  
**36-3905866**

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

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**HAUSER, PAUL  
5200 NW 33 AVE  
SUITE 203  
FT LAUDERDALE FL 33309**

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 607.1508, 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 (a title of agent is not required)

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **HERSHMAN, BARRY E**  
CITY - ST - ZIP **1400 E TOUHY AVE SUITE 100  
DES PLAINES IL 60018**

TITLE ☐ DELETE  
NAME **STD**  
STREET ADDRESS **EAGER, ALLEN**  
CITY - ST - ZIP **1400 E TOUHY AVE SUITE 100  
DES PLAINES IL 60018**

TITLE ☐ DELETE  
NAME **VD**  
STREET ADDRESS **HAUSER, PAUL**  
CITY - ST - ZIP **5200 NW 33 AVE SUITE 203  
FT LAUDERDALE FL 33309**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP ☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP ☐ Change ☐ Addition

**8000001784128**  
**-04/17/96--01065--020**  
**\*\*\*200.00**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BARRY E HERSHMAN PRESIDENT**

DATE

Daytime Phone #

**4/6/96 847-259-3100**

CR2E034 (12/95)