FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 20 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000009403 (4)**

1. Corporation Name
THE CHECK CASHING STORE #38, INC.

Principal Place of Business	Mailing Address
5200 NW 33RD AVE SUITE 203 FT LAUDERDALE FL 33309	5200 NW 33RD AVE SUITE 203 FT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/04/1994
3a. Date of Last Report:

2. Principal Place of Business
21 16700 N.W. 27th Ave.
Suite, Apt. #, etc.
22
City & State
23 Opa Locka, FL
Zip 24 33056 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0416538 ☐ 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

HOLTZMAN, S N
2801 S BAYSHORE DR
SUITE 600
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name: Paul Hauser
82 Street Address (P.O. Box Number is Not Acceptable): 5200 NW 33rd Avenue
83
84 City: Ft. Lauderdale **FL** 85 Zip Code: 33309

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] Paul Hauser 4-12-95
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	D	1.1 TITLE	DP	☐ Change ☐ Addition
NAME	HERSHMAN, BARRY	1.2 NAME		
STREET ADDRESS	5200 NW 33RD AVE SUITE 203	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33309	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	DST	☐ Change ☐ Addition
NAME	EAGER, ALLEN	2.2 NAME		
STREET ADDRESS	5200 NW 33RD AVE SUITE 203	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33309	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	DV	☐ Change ☐ Addition
NAME	HAUSER, PAUL	3.2 NAME		
STREET ADDRESS	5200 NW 33RD AVE SUITE 203	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33309	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-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: [signature] Barry E Hershman, Pres 4/11/95 708-299-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR1E004 CP