FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

THE CHECK CASHING STORE #38, INC. Principal Place of Business Mailing Address					
16700 N. W. 27TH AVENUE OPA LOCKA FL 33056 US		5200 NW 33RD AVE SUITE 203 FT LAUDERDALE FL	33309	Date Incorporated or Qualified	
4 5: : : : : : : : : : : : : : : : : : :		· · · · · · · · · · · · · · · · · · ·		02/04/1994	04/20/1995
2. Principal Pi 21	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	#. etc.	Suite, Apt. #, etc.		65-0416538	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional
City & State	P	City & State		6. Election Campaign Financing	Fee Required
23		28		Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	[25] 9. Name and Address of Curre	29	30	Florida Statutes 🔲 Yes	□No
	J. Hand and Address of Culle	in negistered Agent	81 Name	10. Name and Address of New Re	egistered Agent
HAUSE	R, PAUL				
	W 33RD AVENUE		82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)	
	IDERDALE FL 33309		83		
- /-	· · 				
			84 City	ration submits this statement for the purp	FL 85 Zip Code
SIGNATURE _	Signature, typical or printed name of regeliated agen OFFICERS AN	tand idental greater (NO	TE Bigithered Apart signature require		DAIF
TITLE	DP	☐ DELETE	1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	HERSHMAN, BARRY		1.2 NAME		□ ouruño □ Votit.ûu
STREET ADDRESS	5200 NW 33RD AVE SUITE 203		13 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CI ! Y - ST - 7IP		
TITLE	DST FACED ALLEN	☐ DEFEIE	2 1 TITLE		Change Addition
NAME	EAGER, ALLEN	000	2.2 NAME		
STREET ADDRESS	5200 NW 33RD AVE SUITE 203 FT LAUDERDALE FL		2.3 STREET ADDRESS		
CITY - ST - Z:P TITLE	DV	DELFTE	2.4 CITY - ST - ZIP		
NAME	HAUSER, PAUL		3 1 TITLE		Change Addition
STREET ADDRESS	5200 NW 33RD AVE SUITE	203	3.2 NAME 3.3 STREET ADDRESS		
CITY - ST - ZIP	FT LAUDERDALE FL	== -	3.4 CHY-SI-ZIF		
THTLE		DELETE	4 1 TITLE		Change Addition
NAME			4 2 NAME	60000176	Change Addition
STREET ADDRESS				42 NAME 600001784126 -04/17/9601065019	
CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , , ,		4.4 CITY - ST - ZIP	***200.00	
TITLE		☐ DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADORESS		
CITY-ST-ZIP TITLE		FT oc. cre	54 CITY ST-ZIP		
NAME		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			6.2 NAME)1,1
CITY - ST-ZIP			6.3 STHEET ADDRESS		7 4.11

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

BARRY & ITERSHMAN, PRES BARRY E INER

847-255-3100 Daylina Proje #