

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

FILED
Apr 24 1996 8:00 am
Secretary of State

DOCUMENT # P95000032826 (6)

1. Corporation Name

SOUTH DIXIE CHECK CASHIERS, INC. #3



Principal Place of Business

Mailing Address

451 S. DIXIE HIGHWAY
CORAL GABLES FL 33146

451 S. DIXIE HIGHWAY
CORAL GABLES FL 33146

3. Date Incorporated or Qualified

04/26/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1512 SW 8TH

26 451 S. DIXIE HIGHWAY

4. FEI Number

65-0601122

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 MIAMI FL

28 CORAL GABLES FL.

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 33135

25

29 33135

30

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAULKIN, JOEL M
4627 PONCE DE LEON BLVD.
SECOND FLOOR
CORAL GABLES FL 33146

81 Name DAVID M LUNDSTROM

82 Street Address (P.O. Box Number is Not Acceptable)

451 S. DIXIE HWY.

83

33146

84 City CORAL GABLES FL

85 Zip Code FL

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 607.0506, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

David M Lundstrom

PRESIDENT

4-20-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	DAVID M. LUNDSTROM	
STREET ADDRESS	451 S DIXIE HWY.	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	JACK TAMAYO	
STREET ADDRESS	1512 S.W 8TH	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	LESLIE LUNDSTROM	
STREET ADDRESS	451 S. DIXIE HWY.	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY-ST-ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY-ST-ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY-ST-ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY-ST-ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY-ST-ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
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:

David M Lundstrom

PRESIDENT

3-26-96

305-6689127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone #

CR2E034 (12/95)