

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90144 012 \*\*\*150.00

**DOCUMENT # P96000034467**

1. Corporation Name

**FIRST MOBILE CHECK CASHING, INC.**

Principal Place of Business  
**4620 E MICHIGAN ST SUITE 174  
ORLANDO FL 32812**

Mailing Address  
**4620 E MICHIGAN ST SUITE 174  
ORLANDO FL 32812**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/17/1996**

4. FEI Number

**59-3380919**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21 626 Renaissance Pointe**  
Suite, Apt. #, etc.

2a. Mailing Address

**26 626 Renaissance Pointe**  
Suite, Apt. #, etc.

**22 Ste. 203**  
City & State

**27 Ste. 203**  
City & State

**23 Altamonte Springs, FL**  
Zip Country

**28 Altamonte Springs, FL**  
Zip Country

**24 32714**

**25 USA**

**29 32714**

**30 USA**

9. Name and Address of Current Registered Agent

**LEMUS, LESLIE  
4620 E MICHIGAN ST SUITE 174  
ORLANDO FL 32812**

10. Name and Address of New Registered Agent

**81 Name LESLIE LEMUS**

**82 Street Address (P.O. Box Number is Not Acceptable)  
626 Renaissance Pointe Ste 203**

**83**

**84 City Altamonte Springs**

**FL**

**85 Zip Code 32714**

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

*Leslie Lemus* President *Leslie Lemus*

**1/15/99**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **LEMUS, LESLIE**  
STREET ADDRESS **4620 E MICHIGAN ST SUITE 174**  
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**11 TITLE P** ☒ Change ☐ Addition  
**12 NAME LESLIE LEMUS**  
**13 STREET ADDRESS 626 Renaissance Pointe Ste 203**  
**14 CITY-ST-ZIP Altamonte Springs, FL 32714**

**21 TITLE** ☐ Change ☐ Addition  
**22 NAME**  
**23 STREET ADDRESS**  
**24 CITY-ST-ZIP**

**31 TITLE** ☐ Change ☐ Addition  
**32 NAME**  
**33 STREET ADDRESS**  
**34 CITY-ST-ZIP**

**41 TITLE** ☐ Change ☐ Addition  
**42 NAME**  
**43 STREET ADDRESS**  
**44 CITY-ST-ZIP**

**51 TITLE** ☐ Change ☐ Addition  
**52 NAME**  
**53 STREET ADDRESS**  
**54 CITY-ST-ZIP**

**61 TITLE** ☐ Change ☐ Addition  
**62 NAME**  
**63 STREET ADDRESS**  
**64 CITY-ST-ZIP**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered

SIGNATURE:

*Leslie Lemus* President *Leslie Lemus*

Date

Daytime Phone #

**1/15/99 (407) 2979864**

CR2E034 (11/98)