

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

FILED
Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000048563 (6)
 1. Corporation Name
E. Z. CHECK CASHING OF CLEARWATER, INC.



Principal Place of Business 5124 S SHORE DR - NEW PORT RICHEY FL 34653 17948 US HWY 19 N Clearwater, FL 33764	Mailing Address 5124 S SHORE DR - NEW PORT RICHEY FL 34653 17948 US HWY 19 N Clearwater, FL 33764
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 17948 US HWY 19 N Suite, Apt. #, etc.	2a. Mailing Address 26 17948 US HWY 19 N Suite, Apt. #, etc.
22 City & State 23 CLEARWATER FL	27 City & State 28 CLEARWATER FL
Zip 33764	Country US

3. Date incorporated or Qualified 06/04/1996	4. FEI Number 59-3383591	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

YOUNG, TERRI
5124 S SHORE DR -
NEW PORT RICHEY FL 34653 -
4178 Roberts Point Cir
Sarasota FL 34242

10. Name and Address of New Registered Agent

81 Name Terri Young
82 Street Address (P.O. Box Number is Not Acceptable) 4178 Roberts Point Cir
83
84 City Sarasota
85 Zip Code FL 34242

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	YOUNG, TERRI	
STREET ADDRESS	134 10 ST S	
CITY-ST-ZIP	TERRA VERDE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	YOUNG, JEFF	
STREET ADDRESS	5124 S SHORE DR	
CITY-ST-ZIP	NEW PRT RICHEY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CHILTON, SHERRI	
STREET ADDRESS	1219 MARAVISTA DR	
CITY-ST-ZIP	NEW PRT RICHEY FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LAWRENCE, WILLIAM C	
STREET ADDRESS	9503 OCEAN DR W	
CITY-ST-ZIP	EMERALD ISLE NC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4178 Roberts Point
1.4 CITY-ST-ZIP	Sarasota, FL 34242
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4178 Roberts Point
2.4 CITY-ST-ZIP	Sarasota, FL 34242
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 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, 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 in an attachment with an address.

SIGNATURE: *Terri A. Young* Terri A. Young 3/12/98 813-535-5315

CR2E034 (10/97)