

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Oct 05 1998 8:00am
Secretary of State

DOCUMENT # **P96000063218 (7)**

1. Corporation Name

THE CHECK CASHING AND MONEY CENTER INC.

Principal Place of Business

**4600 NE DIXIE HWY
#18
PALM BAY FL 32905**

Mailing Address

**4600 NE DIXIE HWY
#18
PALM BAY FL 32905**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1996

4. FEI Number

59-3395158

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 5275 Babcock St. NE

2a. Mailing Address

26 PO BOX 61712

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 PALM BAY, FL

27 City & State

28 PALM BAY, FL

24 Zip

32905

Country

USA

29 Zip

32906

Country

USA

9. Name and Address of Current Registered Agent

**WHITE, MARKEE J
4341 UGUSTRUM DR
MELBOURNE FL 32934**

10. Name and Address of New Registered Agent

81 Name

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

4341 LIGUSTRUM DR

83

84 City

FL

85 Zip Code

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

Markee J. White

MARKEE J. WHITE, President

9/21/98

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 **WHITE, MARKEE J**
STREET ADDRESS **4341 UGUSTRUM DR**
CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE **V** ☐ DELETE

NAME **WHITE, TANYA S**
STREET ADDRESS **4341 UGUSTRUM DR**
CITY-ST-ZIP **MELBOURNE FL 32934**

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

4341 LIGUSTRUM DR

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

4341 LIGUSTRUM DR

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

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*****550.00**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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.

SIGNATURE:

Markee J. White **MARKEE J. WHITE, PRESIDENT**

9/29/98 407 956-0508

CR2E034 (5/98)