

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 JUL 30 PM 4: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P96000091316 (5)
1. Corporation Name
EZ CHECK CASHING & LOANS, INC.

Principal Place of Business
**1701 NW 5TH STREET
DEERFIELD BEACH FL 33442**

Mailing Address
**1701 NW 5TH STREET
DEERFIELD BEACH FL 33442-3608**

3. Date Incorporated or Qualified
11/06/1996

3a. Date of Last Report
NEW CORP.

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 26 SOUTH FEDERAL Hwy		26 26 SOUTH FEDERAL Hwy		65-0718106		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23 DANIA, FLORIDA		28 DANIA, FLORIDA		29 33004		30 C.S.A.	
Zip		Country		29 33004		30 C.S.A.	
24 33004		25 U.S.A.		29 33004		30 C.S.A.	

9. Name and Address of Current Registered Agent
**KORN, GARY A
20803 BISCAYNE BLVD.
SUITE 200
AVENTURA FL 32301**

10. Name and Address of New Registered Agent

81 Name	HOWARD NEWMARK
82 Street Address (P.O. Box Number is Not Acceptable)	26 SOUTH FEDERAL Hwy.
83	
84 City	DANIA
85 Zip Code	FL 33004

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 *[Signature]* **HOWARD NEWMARK, PRESIDENT** DATE **4/18/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input checked="" type="checkbox"/> DELETE
NAME	NEWMARK, HOWARD	
STREET ADDRESS	1701 NW 5TH STREET	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NEWMARK, HOWARD	
1.3 STREET ADDRESS	26 SOUTH FEDERAL Hwy.	
1.4 CITY-ST-ZIP	DANIA, FLORIDA 33004	
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	200002257702--5	
3.4 CITY-ST-ZIP	-08/05/97--01027--004	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	***173.75 ***173.75	
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 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 *[Signature]* DATE **4/18/97**

CR2E034 (9/96)