

NEW



FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90050 005 ***150.00

1. Corporation Name
EAGLE CHECK CASHING STORES, INC.



Mailing Address
508 N. DIXIE HWY.. STE. #5
LANTANA FL 33462

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0766717	Applied For
	Not Applicable

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

10. Name and Address of New Registered Agent

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	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

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

12.	OFFICERS AND DIRECTORS
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	MONTOZZI, MARK E	
STREET ADDRESS	815 W BOYNTON BEACH BLVD, ATP 10-102	
CITY, ST, ZIP	BOYNTON BEACH FL 33426	

CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

☐ DELETE

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	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

1.2 NAME	SAME
1.3 STREET ADDRESS	4198 N. LANDAR DRIVE
1.4 CITY-ST-ZIP	LAKE WORTH FL 33463

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 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: Michael J. Affore REMARKED MONT0221

4/29/99 (561) 540-8992

CR2E034 (11/98)