

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

FILED
May 15 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 # P97000078020 (9)

1. Corporation Name
CASH A CHECK, INC.

Principal Place of Business 739 EAST SILVER SPRINGS BOULEVARD OCALA FL 34470	Mailing Address 739 EAST SILVER SPRINGS BOULEVARD OCALA FL 34470
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 739 E. SILVER SPRINGS BLVD Suite, Apt. #, etc. 22 SUITE 112 City & State 23 OCALA FLORIDA Zip 24 34470 Country 25 U.S.A.		2a. Mailing Address 26 739 E. SILVER SPRINGS BLVD Suite, Apt. #, etc. 27 SUITE 112 City & State 28 OCALA FLORIDA Zip 29 34470 Country 30 U.S.A.		3. Date Incorporated or Qualified 09/09/1997	
		4. FEI Number 59-3469651		Applied For Not Applicable	
		5. Certificate of Status Desired <input 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 type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent PATEL, BHUPENDRA 739 EAST SILVER SPRINGS BOULEVARD OCALA FL 34470				10. Name and Address of New Registered Agent	
				81 Name PATEL BHUPENDRA	
				82 Street Address (P.O. Box Number is Not Acceptable) 739 E. SILVER SPRINGS BLVD	
				83 SUITE 112	
				84 City OCALA	
				85 Zip Code FL 34470	

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

PRES. CASH A. CHECK INC.

(NOTE: Registered Agent signature required when reinstating)

4.20.98

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	Pres	D PRESIDENT 34%	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PATEL, BHUPENDRA			1.2 NAME			
STREET ADDRESS	739 EAST SILVER SPRINGS BOULEVARD			1.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL 34470			1.4 CITY-ST-ZIP			
TITLE	V.P.	D VICE PRESIDENT 33%	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PATEL, D M			2.2 NAME			
STREET ADDRESS	739 EAST SILVER SPRINGS BOULEVARD			2.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL 34470			2.4 CITY-ST-ZIP			
TITLE	Sec/T	D SEC /TREASURER 33%	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PATEL, MAHENDRABHAI P			3.2 NAME			
STREET ADDRESS	739 EAST SILVER SPRINGS BOULEVARD			3.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL 34470			3.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 amendment with an address.

SIGNATURE:

B. PATEL PRES CASH A. CHECK INC 4.20.98 352-372-2920

CR2E034 (10/97)