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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

92 APR 20 PM 2:28

DOCUMENT # P97000078020

1. Corporation Name

CASH A CHECK, INC.

Principal Place of Business

739 EAST SILVER SPRINGS BOULEVARD
SUITE 112
OCALA FL 34470
US

Mailing Address

739 EAST SILVER SPRINGS BOULEVARD
SUITE 112
OCALA FL 34470
US

2. Principal Place of Business

21 739 E. SILVER SPRINGS BLVD

Suite, Apt. #, etc.

22 SUITE 112

City & State

23 Ocala FL 34470

Zip

Country

24 34470

25 U.S.A

2a. Mailing Address

26 SAME AS ABOVE

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

PATEL, BHUPENDRA
739 EAST SILVER SPRINGS BOULEVARD
SUITE 112
OCALA FL 34470

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1997

4. FEI Number

59-3469651

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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 [X] No

10. Name and Address of New Registered Agent

81 Name

BHUPENDRA PATEL

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

739 EAST SILVER SPRINGS BOULEVARD

83

SUITE 112

84 City

OCALA

FL

85 Zip Code

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, as 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] President

(NOTE: Registered Agent Signature required when filing change.)

4-22-99

DATE

12. OFFICERS AND DIRECTORS

TITLE P [] DELETE

NAME PATEL, BHUPENDRA
STREET ADDRESS 739 EAST SILVER SPRINGS BOULEVARD
CITY-ST-ZIP Ocala FL 34470

TITLE VP [] DELETE

NAME PATEL, D M
STREET ADDRESS 739 EAST SILVER SPRINGS BOULEVARD
CITY-ST-ZIP Ocala FL 34470

TITLE ST [X] DELETE

NAME PATEL, MAHENDRABHAI P
STREET ADDRESS 739 EAST SILVER SPRINGS BOULEVARD
CITY-ST-ZIP Ocala FL 34470

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

11 TITLE PRESIDENT/SECRETARY [X] Change [] Addition

12 NAME BHUPENDRA PATEL
13 STREET ADDRESS 739 E. SILVER SPRINGS BLVD.
14 CITY-ST-ZIP Ocala FL 34470

21 TITLE VICE PRES/TREASURER [X] Change [] Addition

22 NAME D.M. PATEL
23 STREET ADDRESS 739 EAST SILVER SPRINGS BLVD.
24 CITY-ST-ZIP Ocala FL 34470

31 TITLE [] Change [] Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE [] Change [] Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE [] Change [] Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE [] Change [] Addition

62 NAME

63 STREET ADDRESS

64 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 in an attachment with an address, with all other like empowered

SIGNATURE:

[Signature] B. Patel President CASH-A-CHECK INC 4-22-99 352-401-9988

CR2E034 (11/98)