

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90144 040 ***150.00

DOCUMENT # P98000044495

1. Corporation Name

E-Z MONEY CHECK CASHING, INC.

Principal Place of Business

407 N.E. 6TH TERRACE
CAPE CORAL FL 33909

Mailing Address

407 N.E. 6TH TERRACE
CAPE CORAL FL 33909

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1998

4. FEI Number

65-0833656

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 13180 N. CLEVELAND AVE.

Suite, Apt. #, etc.

22 SUITE 207

City & State

23 N. FORT MYERS, FL

Zip

24 33903

Country

25 US

2a. Mailing Address

26 13180 N. CLEVELAND AVE.

Suite, Apt. #, etc.

27 SUITE 207

City & State

28 N. FORT MYERS, FL

Zip

29 33903

Country

30 US

9. Name and Address of Current Registered Agent

SILVER, WILLIAM C
407 N.E. 6TH TERRACE
CAPE CORAL FL 33909

10. Name and Address of New Registered Agent

81 Name

EVANS, JOSEPH P.

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

13180 N. CLEVELAND AVE.

83

SUITE 207

84

City
N. FT. MYERS

FL

85

Zip Code
33903

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

Joseph P. Evans

JOSEPH P. EVANS, PRESIDENT

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | SILVER, WILLIAM C | |
| STREET ADDRESS | 407 N.E. 6TH TERRACE | |
| CITY-ST-ZIP | CAPE CORAL FL 33909 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | EVANS, JOSEPH P | |
| STREET ADDRESS | 407 N.E. 6TH TERRACE | |
| CITY-ST-ZIP | CAPE CORAL FL 33909 | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | D/P/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | EVANS, JOSEPH P. |
| 2.3 STREET ADDRESS | 13180 N. CLEVELAND AVE., SUITE 207 |
| 2.4 CITY-ST-ZIP | N. FORT MYERS, FL 33903 |
| 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

Joseph P. Evans

JOSEPH P. EVANS, PRES.

(941) 656-5440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0448541