

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

FILED
Mar 09 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 # **S16887** (9)
1. Corporation Name
QUICK CASH CHECK CASHING, INC.

Principal Place of Business
**2700 N MACDILL
TAMPA FL 33607**

Mailing Address
**2700 N MACDILL
TAMPA FL 33607**

Relocated 1/2/98 to

2. Principal Place of Business
21 **315 W. Columbus**
Suite, Apt. #, etc.
22 **#106**
City & State
23 **Tampa**
Zip
24 **33607** Country
25 **USA**

2a. Mailing Address
26 *Same*
Suite, Apt. #, etc.
27 *Same*
City & State
28 *Same*
Zip
29 *Same* Country
30 *Same*



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/04/1990

4. FEI Number
59-3039463

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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**CHUNG, KAREN
8802 BROOKWAY CIRCLE
TAMPA FL 33635**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 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 date of appointment

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
New Address
DP
MCCALLA, LESLIE
8602 Brookway Circle
2705 PINERIDGE CIR
KISSIMMEE FL
Tampa, FL 33635

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 change.

SIGNATURE: *Leslie McCalla*
Signature and typed or printed name of signing officer or director

3/2/98 (8/3) 8752274
Date Daytime Phone #

CR2E034 (10/97)