

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 20 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S31481

(2)

1. Corporation Name

DIXIE CHECKCASHERS, INC.

Principal Place of Business

Mailing Address

14780 BISCAYNE BLVD

14780 BISCAYNE BLVD

NORTH MIAMI BEACH FL 33161

NORTH MIAMI BEACH FL 33161

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/13/1991

3a. Date of Last Report

04/22/1994

2. Principal Place of Business

21 401 N.E. 167th ST

2a. Mailing Address

26 401 N.E. 167th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 NO. MIAMI BEACH, FL

City & State

28 NORTH MIAMI BEACH, FL

Zip

24 33162

County

25 DDA

Zip

29 33162

County

30 DDA

4. FEI Number

65-0242702

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

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OKO, RALPH N.

14780 BISCAYNE BLVD

NO MIAMI BEACH FL 33161

81 Name

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

401 N.E. 167th ST

83

84 City

NORTH MIAMI BEACH FL

85 Zip Code

33162

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD
OKO, RALPH N,
14780 BISCAYNE BLVD
NO MIAMI BEACH FL

1. 1 TITLE

1. 2 NAME

1. 3 STREET ADDRESS

1. 4 CITY - ST - ZIP

☒ Change ☐ Addition
401 N.E. 167th ST
NORTH MIAMI BEACH, FL 33162

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2. 1 TITLE

2. 2 NAME

2. 3 STREET ADDRESS

2. 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3. 1 TITLE

3. 2 NAME

3. 3 STREET ADDRESS

3. 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4. 1 TITLE

4. 2 NAME

4. 3 STREET ADDRESS

4. 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5. 1 TITLE

5. 2 NAME

5. 3 STREET ADDRESS

5. 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6. 1 TITLE

6. 2 NAME

6. 3 STREET ADDRESS

6. 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 person or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on no appointment with address.

SIGNATURE:

Ralph N. Oko
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RALPH N OKO
Date 4/4/95
Typed Name 25-3486200