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Mar 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S31481 (2)

1. Corporation Name
DIXIE CHECKCASHERS, INC.



Principal Place of Business

Mailing Address

~~401 N.E. 167TH STREET~~
~~NORTH MIAMI BEACH FL 33162~~
US

~~401 N.E. 167TH STREET~~
~~NORTH MIAMI BEACH FL 33162-0006~~
US

3. Date Incorporated or Qualified 02/13/1991
3a. Date of Last Report 04/22/1996

2. Principal Place of Business

2a. Mailing Address

21 1142 So. Federal Hwy
Suite, Apt. #, etc.

26 1142 So. Federal Hwy
Suite, Apt. #, etc.

4. FEI Number 65-0242702
Applied For Not Applicable

22 City & State
23 Ft. Lauderdale, FL

27 City & State
28 Ft. Lauderdale, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

24 Zip 33316
25 Country U.S.

29 Zip 33316
30 U.S.

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. 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.
~~401 N.E. 167TH STREET~~
~~NORTH MIAMI BEACH FL 33162~~

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 1142 So. Federal Hwy
84 City Ft. Lauderdale FL 85 Zip Code 33316

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 on information officer, officer, director, agent and filer, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	OKO, RALPH N.	
STREET ADDRESS	401 N.E. 167TH STREET	
CITY - ST - ZIP	NORTH MIAMI BEACH FL	
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		

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	1142 So. Federal Hwy
14 CITY - ST - ZIP	Ft. Lauderdale, FL 33316
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 do 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 included 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 my address.

SIGNATURE:
DATE: 2-25-97
DAYTIME PHONE: 264 0101

CR2E034 (9/96)