FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 20 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S61160** **(5)**

1. Corporation Name
LAKES CHECKCASHERS, INC.

Principal Place of Business	Mailing Address
~~8402 NW 155TH ST~~	~~14760 BISCAYNE BLVD~~
~~MIAMI FL 33016~~	~~NO. MIAMI BCH. FL 33181~~
US	

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 401 N.E. 167th St.	26 401 N.E. 167th ST	06/20/1991	04/25/1994
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 65-0269890	☐ Applied For ☐ Not Applicable
23 City & State North Miami Beach, FL.	28 City & State North Miami Beach FL	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
24 Zip 33162 25 Country USA	29 Zip 33162 30 Country USA	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 ~~14760 BISCAYNE BLVD~~ ~~N MIAMI BCH. FL 33181~~	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	OKO, RALPH N	12 NAME	
STREET ADDRESS	~~14760 BISCAYNE BLVD~~	13 STREET ADDRESS	401 NE. 167th ST
CITY-ST-ZIP	~~N MIAMI BCH. FL~~	14 CITY-ST-ZIP	North Miami Beach, FL 33162
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	PETRO, NERINO J	22 NAME	
STREET ADDRESS	~~14760 BISCAYNE BLVD~~	23 STREET ADDRESS	401 NE. 167th ST
CITY-ST-ZIP	~~N MIAMI BCH. FL~~	24 CITY-ST-ZIP	North Miami Beach, FL 33162
TITLE	TD	31 TITLE	☒ Change ☐ Addition
NAME	GOLDMAN, MARTIN J.	32 NAME	
STREET ADDRESS	~~14760 BISCAYNE BLVD~~	33 STREET ADDRESS	401 N.E. 167 St.
CITY-ST-ZIP	~~N MIAMI BCH. FL~~	34 CITY-ST-ZIP	North Miami, Beach, FL 33162
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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.

SIGNATURE: _____ 4-14-95 305-948-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RALPH N. OKO

000084 CP