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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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

1. Corporation Name
LAKES 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 33162-3906~~ US

3. Date Incorporated or Qualified: 06/20/1991
3a. Date of Last Report: 04/22/1996

2. Principal Place of Business
21: 1142 So. Federal Hwy
22: Suite, Apt. #, etc
23: City & State: Ft. Lauderdale, FL
24: Zip: 33316
25: Country: US

2a. Mailing Address
26: 1142 So. Federal Hwy
27: Suite, Apt. #, etc
28: City & State: Ft. Lauderdale, FL
29: Zip: 33316
30: Country: US

4. FEI Number: 65-0269890 ☐ 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

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

9. Name and Address of Current Registered Agent

OKO, RALPH N
~~401 N.E. 167TH STREET~~
~~NORTH MIAMI BEACH FL 33162~~

10. Name and Address of New Registered Agent

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 required for particular type of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	OKO, RALPH N		1.2 NAME	
STREET ADDRESS	~~401 N.E. 167TH STREET~~		1.3 STREET ADDRESS	1142 So Federal Hwy
CITY-ST-ZIP	~~NORTH MIAMI BEACH FL~~		1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33316
TITLE	VD	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	PETRO, NERINO J		2.2 NAME	
STREET ADDRESS	~~401 N.E. 167TH STREET~~		2.3 STREET ADDRESS	1111 1/2 Avon St.
CITY-ST-ZIP	~~NORTH MIAMI BEACH FL~~		2.4 CITY-ST-ZIP	Rockford, IL 61103
TITLE	TD	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	GOLDMAN, MARTIN J		3.2 NAME	
STREET ADDRESS	~~401 N.E. 167TH STREET~~		3.3 STREET ADDRESS	191 Waukegan Rd Ste 110
CITY-ST-ZIP	~~NORTH MIAMI BEACH FL~~		3.4 CITY-ST-ZIP	Northfield, IL 60093
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 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: Ralph A. Oko 2/21/97 954-764-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #