

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

FILED
Jan 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S61160 (5)
1. Corporation Name
LAKES CHECKCASHERS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1142 S FEDERAL HIGHWAY FT LAUDERDALE FL 33316 US		Mailing Address 1142 S FEDERAL HIGHWAY FT LAUDERDALE FL 33316 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 06/20/1991		4. FEI Number 65-0269890	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. Name and Address of Current Registered Agent OKO, RALPH N 1142 S FEDERAL HIGHWAY FT LAUDERDALE FL 33316	
9. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code		10. Name and Address of New Registered Agent	
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 reinstating)		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PD	1.1 TITLE					
NAME	OKO, RALPH N	1.2 NAME					
STREET ADDRESS	1142 S FEDERAL HIGHWAY	1.3 STREET ADDRESS					
CITY - ST - ZIP	FT LAUDERDALE FL	1.4 CITY - ST - ZIP					
TITLE	VD	2.1 TITLE					
NAME	PETRO, NERINO J	2.2 NAME					
STREET ADDRESS	1111 1/2 AVON ST	2.3 STREET ADDRESS					
CITY - ST - ZIP	ROCKFORD IL	2.4 CITY - ST - ZIP					
TITLE	TD	3.1 TITLE					
NAME	GOLDMAN, MARTIN J	3.2 NAME					
STREET ADDRESS	191 WAUKEEGAN RD SUITE 110	3.3 STREET ADDRESS					
CITY - ST - ZIP	NORTHFIELD IL	3.4 CITY - ST - ZIP					
TITLE		4.1 TITLE					
NAME		4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY - ST - ZIP		4.4 CITY - ST - ZIP					
TITLE		5.1 TITLE					
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY - ST - ZIP		5.4 CITY - ST - ZIP					
TITLE		6.1 TITLE					
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY - ST - ZIP		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

SIGNATURE

[Signature] RALPH N OKO 1-10-98 954-784-0001

CR2E034 (10/97)