

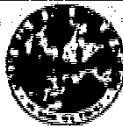
**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

95 APR 20 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **VO6810** (8)

1. Corporation Name

**ALLAPATTAH CHECKCASHERS, INC.**

Principal Place of Business

Mailing Address

~~2900 NW 96TH ST.  
MIAMI FL 33142  
US~~

~~14760 BISCAYNE BLVD  
NORTH MIAMI BEACH FL 33161~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/15/1992

3a. Date of Last Report

04/22/1994

2. Principal Place of Business

2a. Mailing Address

21 401 N.E. 167th St

26 401 N.E. 167th St

4. FEI Number

65-0305952

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 City & State

North Miami Beach, FL

28 City & State

North Miami Beach, FL

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

24 Zip

33162

25 Country

USA

29 Zip

33162

30 Country

USA

8. This corporation has liability for intangible tax under S. 199.0352, 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  
NORTH MIAMI BEACH FL 33161

81 Name

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

401 N.E. 167th St

83

84 City

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PDS
NAME	OKO, RALPH N.
STREET ADDRESS	14760 BISCAYNE BLVD
CITY - ST - ZIP	NORTH MIAMI BEACH FL
TITLE	D
NAME	GOLDMAN, MARTIN J.
STREET ADDRESS	14760 BISCAYNE BLVD
CITY - ST - ZIP	NORTH MIAMI BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	401 N.E. 167th Street
14 CITY - ST - ZIP	NORTH MIAMI BEACH FL 33162
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	401 N.E. 167th Street
24 CITY - ST - ZIP	NORTH MIAMI BEACH FL 33162
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(k), 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 in an attachment with an address.

SIGNATURE:

*Ralph N. Oko* 4/14/95 25-94F-C700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RALPH N. OKO