

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

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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 # **V06810** (8)
1. Corporation Name
ALLAPATTAH CHECKCASHERS, INC.



Principal Place of Business Mailing Address
~~401 N.E. 187TH STREET
NORTH MIAMI BEACH FL 33162
US~~
~~401 N.E. 187TH STREET
NORTH MIAMI BEACH FL 33162-3906
US~~

2. Principal Place of Business 21 1142 So. Federal Hwy Suite, Apt. #, etc.	2a. Mailing Address 26 1142 So. Federal Hwy Suite, Apt. #, etc.	3. Date Incorporated or Qualified 01/15/1992	3a. Date of Last Report 04/22/1996
22	27	4. FEI Number 65-0305952	Applied For Not Applicable
23 Ft. Lauderdale, FL City & State	28 Ft. Lauderdale, FL City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 33316 Zip Country U.S.	29 33316 Zip Country US	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent OKO, RALPH N. 401 N.E. 187TH STREET NORTH MIAMI BEACH FL 33162		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name		81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)		82 Street Address (P.O. Box Number is Not Acceptable)	
83		83 1142 So. Federal Hwy	
84 City Ft. Lauderdale FL		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 _____ DATE _____
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PDS OKO, RALPH N.	1.2 NAME	
STREET ADDRESS	401 N.E. 187TH STREET NORTH MIAMI BEACH FL	1.3 STREET ADDRESS	1142 So. Federal Hwy Ft. Lauderdale, FL 33316
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D GOLDMAN, MARTIN J.	2.2 NAME	
STREET ADDRESS	401 N.E. 187TH STREET NORTH MIAMI BEACH FL	2.3 STREET ADDRESS	191 WAUKEGAN RD STE 110 NORTHEFIELD, IL 60093
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 N. OKO**
2-25-97
314 764 0101

CR2E034 (9/96)