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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.

22 City & State

23 Ft. Lauderdale, FL

24 Zip 33316 Country U.S.

2a. Mailing Address

26 1142 So. Federal Hwy
Suite, Apt. #, etc.

27 City & State

28 Ft. Lauderdale, FL

29 Zip 33316 Country US

3. Date Incorporated or Qualified

01/15/1992

3a. Date of Last Report

04/22/1996

4. FEI Number

65-0305952

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. 187TH 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 by corporation or its registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDS	<input type="checkbox"/> DELETE
NAME	OKO, RALPH N.	
STREET ADDRESS	401 N.E. 187TH STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDMAN, MARTIN J.	
STREET ADDRESS	401 N.E. 187TH STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	1142 So. Federal Hwy
14 CITY-ST-ZIP	Ft. Lauderdale, FL 33316
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	191 Waukegan Rd Ste 110
24 CITY-ST-ZIP	Northfield, IL 60093
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RALPH N. OKO
2-25-97

Date Daytime Phone

354 764 0101

CR2E034 (9/96)