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

FILED PROFIT Jan 23 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8)V06810 ALLAPATTAH CHECKCASHERS, INC. Mailing Address Principal Place of Business 1142 S FEDERAL HWY 1142 S FEDERAL HWY FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 01/15/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0305952 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes OF YE Personal Property Tax due June 30. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name OKO, RALPH N. 1142 S FEDERAL HWY Street Address (P.O. Box Number is Not Acceptable) 82 FT LAUDERDALE FL 33316 83 84 City 85 Zip Code 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. PDS DELETE 1.1 TITLE ☐ Change Addition TITLE OKO, RALPH N. 1.2 NAME NAME 1142 S FEDERAL HWY 1.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE GOLDMAN, MARTIN J. NAME 2.2 NAME 191 WAUKEGAN RD STE 110 2.3 STREET ADDRESS STREET ADDRESS NORTHFIELD IL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELFTE Change ☐ Addition TITLE 4.1 THLE 4 2 NAME NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-S1-7IP DELETE Change Addition. 51 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE 61 DIJE Change Addition JITLE

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 unaddress. 81% 764010

6.2 NAME

63 STREET ADDRESS

NAME STREET ADDRESS

CITY+ST-ZIP