

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V09860** (0)

1. Corporation Name

**THE CHECK CASHING STORE #34, INC.**



Principal Place of Business

**530 W SAMPLE RD  
STE. 203  
POMPANO BEACH FL 33064  
US**

Mailing Address

**5200 N.W. 33RD AVE.  
STE. 203  
FT. LAUDERDALE FL 33309**

3. Date Incorporated or Qualified

**01/27/1992**

3a. Date of Last Report

**04/19/1995**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAUSER, PAUL  
5200 N.W. 33RD AVE.  
STE. 203  
FT. LAUDERDALE FL 33309**

81 Name

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

83

84 City

**FL**

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 1001 (Not applicable)

(NOTE: Registered Agent's signature required when registered)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**DP  
HERSHMAN, BARRY E.  
1400 E. TOUHY AVE., #100  
DES PLAINES IL**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**DST  
EAGER, ALLEN  
1400 E. TOUHY AVE., #100  
DES PLAINES IL**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**DV  
HAUSER, PAUL  
8243 N W 9TH CT.  
PLANTATION FL**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP

☐ Change ☐ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP

☐ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP

☒ Change ☐ Addition

**5200 N.W. 33rd Avenue, Suite 203  
Ft. Lauderdale FL 33309**

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP

☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP

☐ Change ☐ Addition

**0000017841200  
-04/17/96--01065--022  
\*\*\*200.00**

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

☐ Change ☐ Addition

**12  
4.17**

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BARRY E. HERSHMAN, PRES**

**4/15/96**

**847-299-3100**

Date

Daytime Phone #

CR2E034 (12/95)