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Apr 29 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 # V22637 (5)  
1. Corporation Name  
LITTLE TIGER CHECK CASHING & FINANCIAL CENTER, I  
NC.

Principal Place of Business  
1100 NEW HAVEN RD  
W MELBOURNE FL 32904

Mailing Address  
1100 NEW HAVEN RD  
W MELBOURNE FL 32904



2. Principal Place of Business  
21 1100 W. New Haven Ave.  
Suite, Apt. #, etc.  
22  
City & State  
23 MELBOURNE, FL.  
Zip  
24 32904  
Country  
25 BREVARD  
26 1100 W. New Haven Ave.  
Suite, Apt. #, etc.  
27  
City & State  
28 MELBOURNE, FL.  
Zip  
29 32904  
Country  
30 BREVARD

3. Date Incorporated or Qualified  
03/19/1992  
3a. Date of Last Report  
05/01/1996  
4. FEI Number  
59-3114717  
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

GRADY, E STAR  
2134 SANDALWOOD DR  
SUITE A-115  
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
LEVY, PAUL R.  
1100 NEW HAVEN RD  
W MELBOURNE FL  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
LEVY, JOAN  
1100 W NEW HAVEN AVE  
W MELBOURNE FL  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
PAUL R. LEVY 4/21/97 407-728-4888