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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
D:VISION OF CORPORATIONS

1996

DOCUMENT # **H58748**

(5)

1. Corporation Name

Principal Place of Business

HANK'S PAWN SHOP, INC.

Mailing Address



5690 PARK BLVD PINELLAS PARK FL 34665		5690 PARK BLYD PINELLAS PARK FL 3	5690 PARK BLVD PINELLAS PARK FL 34665			
					 Date Incorporated or Qualified 05/24/1985 	3a. Date of Last Report 04/10/1995
2. Principal Pla	ce of Business	2a, Mailing Address			4. FEI Number	Applied For
21 5690	-5700 Park Blud.	26 SAHE	SAHE		59-2550009	Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.	1		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State Pinelle	as Park FL.	City & State	28		6. Flection Campaign Financing S5.00 May Be 1rust Fund Contribution Added to Fees	
Zip 24 3460	Country 25	Ζφ 29	Gountry 30		B. This corporation has kability for it Florida Statutes	□No
	9. Name and Address of Current	Registered Agent	B1	Name	10. Name and Address of New R	egistered Agent
			61			
MARGARET KUNDA 8190 45 ST N.				82 Street Address (P.O. Box Number is Not Acceptable)		
PINELLA	AS PARK FL 34665		83			
			84	- /		FL 85 Zip Code
or registers	ed agent or both in the State of Floric	a. Such change was authoriz	tes, the above- zed by the con	named corpo oration's boa	ration submits this statement for the pur and of directors. I hereby accept the app	pose of changing its registered office pintment as registered agent. I am
	h, and accept the obligations of, Section AAPCAPST KIINDA	11	gasel	Kund	da-	4-30-96
SIGNATORI.	MARGARET KUNDA Signature types or prode trade of registered as a second		Hege tident Age	if signature require	er va en recisado a	L7 - 1 - L
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFF	Change Addition
NAME	KUNDA, HENRY J.		1.2 NAME			
STREET ADDRESS	8190 45TH ST. N			LADORESS		
CITY - ST - ZIP	PINELLAS PARK FL		1.4 CITY	ST ZIP		
TITLE	PST	[] DELETE	2 1 THE			Change Addition
NAME	KUNDA, MARGARET		2.2 NAME			
STREET ADDRESS	8190 45TH ST. N		2 3 STREE	r address		
C/TY - ST - Z/P	PINELLAS PARK FL			S1 - 7IP	Change Addition	
TITLE	VP POLICY STEVEN N	DECEME	ELETE 3 1 TILLE 3 2 NAME			Change Assertion
NAME STREET ADDRESS	POLLEY, STEVEN N. 4261 70TH AVE N			T ADDRESS		
CHY-SI-ZIP	PINELLAS PARK FL		3.4 CILY-			
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE 4.130				Change Addition
NAME			4.2 NAMÉ			
STREET ADDRESS			4 3 STREE	I ADDRESS		
City-ST-ZIP			44 CiTY 5 11 LE	ST ZIP		Chican C Addition
TITLE					Change Addition	
NAME			5.2 NAME	T ADDRESS		
STREET ADDRESS			53 STEEL 54 CITY			
CITY-ST-ZIP TITLE		☐ DELETE	6 1 7 1 1 1			Change Addition
NAME		_	6.2 NAME			
STREET ADDRESS			63 STREE	LADDRESS		
CITY - ST - ZIP			6 4 C-TY -	ST-ZIP		

14. Too 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 supplimental 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 emphasized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapged, or on an attachment with an address

SIGNATURE:

MANAGER OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-30-96 (813)546-4117

R2E034 (12/95