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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Jan 15 1997 8:00am

Secretary of State

96/6)

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000055930 (7)

SIGNATURE: Michael E Semosky

AA ESTATE JEWERLY & PAWN, INC.

Maling Address Principal Place of Business 3535 US 27 SOUTH 3535 US 27 SOUTH SEBRING FL SEBRING FL 33870-5426 3. Date Incorporated or Qualified 3a. Date of Last Report 06/28/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 26 21 Not Applicab Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country 8. This corporation has liability for intangible tax under s. 199,032, 30 Florida Statutes 🔀 Yes 🔲 No 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SEMOSKY, MICHAEL E 3535 US 27 SOUTH 82 Street Address (P.O. Box Number is Not Acceptable) SEBRING FL 83 84 City **B**5 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 Styrean is that or considerant of registered agent and the Tappocable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change 1.1 TITLE TITLE SEMOSKY, MICHAEL E 1.2 NAME NAME 3535 US 27 SOUTH 1.3 STREET ADDRESS STREET ADDRESS SEBRING FL 33870 1.4 CITY - ST - ZIP CHY-ST-ZIE DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST-ZIP CHTY - ST - ZIP DELETE Change Addition 3.1 TITLE THLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-Z-P 3.4. CITY - ST - ZIP Change DELE1E \_\_\_ Addition 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-SI-ZP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-7if DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

information indicated on this armual report or suppremental 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.