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

PROFIT CORPORATION ANNUAL REPORT

1998

APOPKA FL 32703



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000063468 (8) DOCUMENT #

PARK AVENUE, GUN & PAWN, INC.

Principal Place of Business Mailing Address 72 E. MAIN STREET 72 E. MAIN STREET APOPKA FL 32703

07/30/1996 2. Principal Place of Business 2a. Mailing Address Applied For 59-3386726 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6, Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Ζip Country Country Zip This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \(\sigma\) No 24 29 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SAYRE, JOHN D 72 E. MAIN STREET 82 Street Address (P.O. Box Number is Not Acceptable) APOPKA FL 32703 83 City 84 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 Stonature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TIME 1 1 TITLE Change OSHMAN, NATHAN NAME 12 NAME 5147 DORA DRIVE 1.3 STREET ADDRESS STREET ADDRESS **MOUNT DORA FL 32757** CITY-ST-ZIP 1.4 CITY-ST-ZIP Change TITLE DELETE 2.1 TITLE Addition SAYRE, JOHN NAME 2.2 NAME 72 R MAIN ST STREET ADDRESS 2.3 STREET ADDRESS APOPKA FL 32703 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE ☐ Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 topoid alon or the receiver or truestee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter or or any attachment with an address.

SIGNATURE:

John D Sayne

2-27-98 4078860782

FILED

Mar 04 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified