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 # **J36425** **(3)**

1. Corporation Name

AANNCO DAVIE PAWN SHOP, INC.

Principal Place of Business

% ANTHONY PETER COPPOLA
6349 STIRLING ROAD
DAVIE FL 33314

Mailing Address

% ANTHONY PETER COPPOLA
6349 STIRLING ROAD
DAVIE FL 33314

3. Date Incorporated or Qualified: 09/30/1986

3a. Date of Last Report: 01/23/1995

4. FEI Number: 59-2745749 — [ ] 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. [X] Yes [ ] No

2. Principal Place of Business — 21 Street Address — 22 City & State — 23 Zip — 24 Country — 25

2a. Mailing Address — 26 Suite, Apt. # etc. — 27 City & State — 28 Zip — 29 Country — 30

9. **Name and Address of Current Registered Agent**

COPPOLA, ANTHONY PETER
6349 STIRLING ROAD
DAVIE FL 33314

10. **Name and Address of New Registered Agent**

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City — FL — B5 Zip Code

11. Pursuant to the provisions of Section 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.

12. OFFICERS AND DIRECTORS	
PTD COPPOLA, ANTHONY PETER 6349 STIRLING ROAD DAVIE FL	[ ] DELETE
VSD COPPOLA, LISA M. 3154 INVERNESS FT. LAUDERDALE FL	[ ] DELETE
	[ ] DELETE
	[ ] DELETE
	[ ] DELETE
	[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY-ST-ZIP	[ ] Change	[ ] Addition
2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY-ST-ZIP	[ ] Change	[ ] Addition
3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY-ST-ZIP	[ ] Change	[ ] Addition
4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP	[ ] Change	[ ] Addition
5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP	[ ] Change	[ ] Addition
6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP	[ ] Change	[ ] Addition

14. I 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 report or supplemental 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: Anthony Coppola — 1-22-96 — 954-384-9143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)