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Jan 30 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 # J36425

(3)

1. Corporation Name

AANCO 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 33314-7216

3. Date Incorporated or Qualified
09/30/1986

3a. Date of Last Report
01/26/1996

2. Principal Place of Business

21 90 LISA M. COPPOLA

Suite, Apt. #, etc.

22 6349 STIRLING RD

City & State

23 DAVIE FL

Zip

24 33314

Country

25 BROWARD

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

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 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~COPPOLA, ANTHONY PETER~~
~~6349 STIRLING ROAD~~
~~DAVIE FL 33314~~

81 Name

George S. EDISON #605

82 Street Address (P.O. Box Number is Not Acceptable)

2929 E. COMMERCIAL BLVD

83

84

FT. LAUD.

FL

85 Zip Code 33308

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~PTD~~ ☒ DELETE

NAME ~~COPPOLA, ANTHONY PETER~~

STREET ADDRESS ~~6349 STIRLING ROAD~~

CITY-ST-ZIP ~~DAVIE FL~~

TITLE ~~XSD~~ ☐ DELETE

NAME COPPOLA, LISA M.

STREET ADDRESS 3154 INVERNESS

CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

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

☐ Change ☐ Addition

☒ Change ☐ Addition

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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, changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97 954-791-1766
Date Daytime Phone #

CR2E034 (9/96)