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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT #



J36425

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90077 024 ***158.75

| AMMOC | D DAVIE PAWN SHOP, INC. | | | | | | | | |
|--|--|--|--|--|----------------------------|---|-------------------|-------------------------------------|----------------------------|
| Principal Place | e of Business | Mailing Address | | | | | ANI Nits Pintl At | #II #1#II BIBII 1 | |
| C/O LISA M COPPOLA C/O GEORGE. EDISON S 6349 STIRLING ROAD DAVIE FL 33314 C/O GEORGE. EDISON S 2929 E COMMERCIAL BLVD FT LAUDERDALE FL 33308 | | | | | DO NOT WRITE IN THIS SPACE | | | | |
| US | | US | • | | 3. D | ate Incorporated or Qualifed | | | |
| | | | | | (| 9/30/1986 | | | |
| 2. Principal Pl | Place of Business | 2a. Mailing Address | | | 1 | El Number | | Ap | plied For |
| 21 | | 26 | | | 5 | 59-2745749 | | No | t Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | · · | | - 5. C | ertifcate of Status Desired | × | \$8.75 A | |
| City & State | te | City & State | | | 6. E | lection Campaign Financing | | \$5.00 | May Be |
| 23 | | 28 | | | | rust Fund Contribution | | Added t | |
| Zip | Country | Zip | Coun | try | 8. T | his corporation owes the curr | ent year Inta | ngible | |
| 24 | 25 | 29 | 30 | | Р | ersonal Property Tax. | | ☐Yes | □No |
| | 9. Name and Address of Current | t Registered Agent | | | 10. N | lame and Address of New I | Registered A | Agent | |
| | | | - | Name | SA | COPPOLA | | | |
| | SN, GEORGE S | | | | | Box Number is Not Accept | able). | | |
| | 9 E COMMERCIAL BLVD | | | 630 | 49 | STIRLING | RD. | | |
| FT L | AUDERDALE FL 33308 | | ļī. | 33 | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | - | 74 Cit | | | | 0E 7in (| Pode 4 |
| | , | | | City DAV | 115 | | FL | 85 Zip | 374 |
| 11. Pursuant | to the provisions of Sections 607.0502 | 2 and 607.1508. Florida Statu | utes, the ab | ove-named corpo | oration s | submits this statement for the | purpose of o | changing its | registered . |
| office or re | to the provisions of Sections 607.0502 registered agent, or both, in the State of the familiar with, and accept the obligation | of Florida. Such change was | authorized | by the corporation | on's boa | rd of directors. I hereby acce | pt the appoin | itment as re | gistered |
| | 3) A 1) 1 | | ionua Statui | a Carrel |) <u>.</u> . | 4 | -19-69 | | |
| SIGNATURE | ON THE TROUGHTAN A. | 18A COPPOLA 15D | ~ / /// | er i erikani ma | | | | | |
| 0.0 | | | E: Registered A | gent signature required | 107 Id when rein | stating) | -19-49 DATE | | - |
| 12. | Signature, typed or printed name of registered agent OFFICERS AND | t and title if applicable. (NOT | TE: Registered A | gent signature required | | stating) DDITIONS/CHANGES TO OF | | D DIRECTO | RS IN 12 |
| 12. | Signature, typed or printed name of registered agent | t and title if applicable. (NOT | | | | | | D DIRECTO | RS IN 12 |
| 12. TITLE | Signature, typed or printed name of registered agent OFFICERS AND PSD | t and title if applicable. (NOT D DIRECTORS | 13. | E | | | | | |
| 12. TITLE NAME | Signature, typed or pirred name of registered agent OFFICERS AND PSD COPPOLA, LISA M. | t and title if applicable. (NOT D DIRECTORS | 13. 1.1 TITL 1.2 NAM | E IE | | | | | |
| 12. TITLE NAME STREET ADDRESS | Signature, typed or pirred name of registered agent OFFICERS AND PSD COPPOLA, LISA M. 3154 INVERNESS | t and title if applicable. (NOT D DIRECTORS | 13. 1.1 TITL 1.2 NAA 1.3 STR | E IE EET ADDRESS | | | | | |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or pirred name of registered agent OFFICERS AND PSD COPPOLA, LISA M. | Tand title if applicable. (NOT D DIRECTORS DELETE | 13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CITY | E IE EET ADDRESS | | | | | |
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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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

S SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING STEEL OR DIRECTOR

4-19-99

Daytime Phone #

CR2E034 (11/9