

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 # **F01833** (5)

1. Corporation Name
GREENLEAF PAWN SHOP, INC.



Principal Place of Business: **1130 S. MILITARY TRAIL W. PALM BCH. FL 33415**
Mailing Address: **1130 S. MILITARY TRAIL W. PALM BCH. FL 33415**

3. Date Incorporated or Qualified: **10/16/1980**
3a. Date of Last Report: **01/19/1995**
4. FEI Number: **59-2018465**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: **SAMPSONIS, JAMES 3094 MERION TERR. LAKE WORTH FL 33467**
10. Name and Address of New Registered Agent: 81, 82, 83, 84, 85

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: ST	SAMPSONIS, LOIS	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: ST SAMPSONIS, LOIS	3094 MERION TERR.	1.2 NAME:	
STREET ADDRESS: LAKE WORTH FL		1.3 STREET ADDRESS:	
CITY-ST-ZIP: LAKE WORTH FL	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP:	
TITLE: PD	SAMPSONIS, JAMES	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: PD SAMPSONIS, JAMES	3094 MERION TERR.	2.2 NAME:	
STREET ADDRESS: LAKE WORTH FL		2.3 STREET ADDRESS:	
CITY-ST-ZIP: LAKE WORTH FL	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP:	
TITLE: D	UTTENWEILER, LINDA	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: D UTTENWEILER, LINDA	419 VIA DE LA CRUZ	3.2 NAME:	
STREET ADDRESS: SANTA MARIA CA		3.3 STREET ADDRESS:	
CITY-ST-ZIP: SANTA MARIA CA	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP:	
TITLE: D	MCCARTHY FRED	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: D MCCARTHY FRED	193 BOSWHITE RD	4.2 NAME:	
STREET ADDRESS: ROYAL PALM BCH FL		4.3 STREET ADDRESS:	
CITY-ST-ZIP: ROYAL PALM BCH FL	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Lois Sampsonis* *Fred McCarthy* 1-17-96 407-965-2727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)