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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # 1. Corporation Name GREENLEAF PAWN SHOP, INC. Principal Place of Business 1130 S. MILITARY TRAIL W. PALM BCH. FL 33415 2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F01833

(5)

FILED Jan 26 1998 8:00am Secretary of State

Mailing Address 1130 S. MILITARY TRAIL W. PALM BCH FL 33415 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/16/1980 2a, Mailing Address 4. FEI Number Applied For 26 59-2018465 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SAMPSONIS, JAMES 3094 MERION TERR. 82 Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33467 83 84 City Zip Code 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 (NOTE: Registered Agent signature required when re-installing) Signature, typed or printed name of registrined agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. SI TITLE DELETE 1.1 TITLE Change Addition SAMPSONIS, LOIS NAME 1.2 NAME CR2E034 3094 MERION TERR STREET ADDRESS 1.3 STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP 1.4 CITY - S1 - ZIP PD DELETE TITLE Change Addition 21 TITLE SAMPSONIS, JAMES NAME 2.2 NAME 3094 MERION TERR. STREET ADDRESS 2.3 STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE UTTENWEILER, LINDA 3.2 NAME 419 VIA DE LA CRUZ STREET ADDRESS 3 3 STREET ADDRESS Santa Maria Ca CITY - ST- ZIP 3 4. CITY - \$1 - ZIP DELETE Change Addition TITLE 4.1 TITLE MCCARTHY FRED NAME 4 2 NAME 193 BOSWHITE RD STREET ADDRESS 4.3 STREET ADDRESS ROYAL PALM BCH FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 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 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 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 corporation or the receiver or truesde 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 op an allachment with an address.

1-15-98 561-965.2727