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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # G6

G60180

(8)

DEERFIELD PAWN BROKERS, INC.

Principal Place of Business Mailing Address 600 S. FEDERAL HWY. 800 S. FEDERAL HWY. SUITE 618 SUITE 618 DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441-4154 3a. Date of Last Report 3. Date Incorporated or Qualified 09/20/1983 02/06/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-2339707 Not Applicable 21 26 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Zip Country Country 700 This corporation has liability for intangible tax under s. 199.032, 30 Florida Statutes Yes No 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PAPPER, FRANK L. 618 S. FEDERAL HWY. Street Address (P.O. Box Number is Not Acceptable) **DEERFIELD BEACH FL 33441** 83 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. RANK SIGNATURE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE ☐ Change ___ Addition TITLE PD 1.1 TITLE PAPPER, FRANK L. NAME 1.2 NAME 618 S. FEDERAL HWY. STREET ADDRESS 1.3 STREET ADDRESS DEERFIELD BCH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 1)TLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST 2 4 CITY - ST-ZIP DELETE Change ___ Addition TITLE 3 1 TITLE 3.2 NAME NAME STREET ADDRESS **33 STREET ADDRESS** 3 4. CITY - ST-ZIP CITY - ST - 7IP Change Addition DELETE 41 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 51 THUE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST- ZIP CITY - ST - ZIP TITLE ☐ DELETE 61 TITLE Change Addition 62 NAME NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 6.4 CHY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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 corporal on of 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 12 if changed or on an attachment with an address.

SIGNATURE:

SIGNA

FILED

Jan 14 1997 8:00am Secretary of State