

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:05

DOCUMENT # G88947

(8)

1. Corporation Name

ARLINGTON JEWELRY & LOAN, INC.

Principal Place of Business

11563 BASKERVILLE ROAD
JACKSONVILLE FL 32223

Mailing Address

11563 BASKERVILLE ROAD
JACKSONVILLE FL 32223

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/06/1984

3a. Date of Last Report

01/31/1994

2. Principal Place of Business

21 6642 ARLINGTON RD.

2a. Mailing Address

26 6642 ARLINGTON RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 JAX FL.

City & State

28 JAX FL.

Zip Country

24 32211

Zip Country

29 32211

Country

30

4. FEI Number

59-2387869

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

GOLDSTEIN, GUS
2623 CALADIUM ROAD
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

(Signature of person or persons authorized to register agent and the corporation)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	EHRLICH, JOSEPH HERSCHEL
STREET ADDRESS	11563 BASKERVILLE RUN
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	EHRLICH, BEVERLY CAROLE
STREET ADDRESS	11563 BASKERVILLE RUN
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	EHRLICH, ELIAS
STREET ADDRESS	5826 DICKSON RD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 199.03(2)(b), 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. I am an officer or director of the corporation or the receiver or liquidator of the corporation to which this report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE

Signature and typed or printed name of signing officer or director
Joseph H. EHRLICH

2-16-95

904-725-1400