

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

FILED

Feb 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H35589 (1)  
1. Corporation Name  
TWIN PAWN, INC.

Principal Place of Business  
11350 N.W. 7TH AVENUE  
MIAMI FL 33168

Mailing Address  
11350 N.W. 7TH AVENUE  
MIAMI FL 33168



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/27/1984	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2483979		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent REITER, LORNE 11350 NW 7TH AVENUE MIAMI FL 33168		10. Name and Address of New Registered Agent	
		81 Name Leanne Reiter	
		82 Street Address (P.O. Box Number is Not Acceptable) <del>11350</del> 11350 N.W. 7th Ave.	
		83	
		84 City miami FL 85 Zip Code 33168	

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 Leanne Reiter DATE 1/7/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	PP
NAME	REITER, LORNE	1.2 NAME	Reiter Leanne
STREET ADDRESS	1460 STILLWATER DR	1.3 STREET ADDRESS	1460 Stillwater Dr
CITY - ST - ZIP	MIAMI BEACH FL	1.4 CITY - ST - ZIP	miami Beach, FL 33141
TITLE		2.1 TITLE	ST
NAME		2.2 NAME	Reiter Estelle
STREET ADDRESS		2.3 STREET ADDRESS	1120 Stillwater Dr
CITY - ST - ZIP		2.4 CITY - ST - ZIP	miami Beach, FL 33141
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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

SIGNATURE: Leanne Reiter DATE 1/7/98 (305) 757-5518

CP2E034 (1097)