

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CORPORATION
ANNUAL REPORT
1995



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

95 MAR 13 AM 10:28

DOCUMENT # H73129 (9)

1. Corporation Name

PEOPLES PAWN SHOPS OF FLA, INC.

Principal Place of Business

2910 SOUTHWEST 30TH AVENUE
PEMBROKE PARK FL 33020-1306

Mailing Address

2910 SOUTHWEST 30TH AVENUE
PEMBROKE PARK FL 33020-1306

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1985

3a. Date of Last Report

02/22/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2594907

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIBERSON, JESS W
845 NW 213 LANE
NORTH DADE 33009

81 Name

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

1517 SW 119 Avenue

83

84

Pembroke Pines

FL

85

Zip Code

33025

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GIBERSON, RONA
STREET ADDRESS 5203 NE 24 TERR
CITY-ST-ZIP FT LAUDERDALE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
NAME GIBERSON, GUY
STREET ADDRESS 5875 SW 74 TERR
CITY-ST-ZIP MIAMI FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V
NAME GIBERSON, JESS W
STREET ADDRESS 1517 SW 119 AVE
CITY-ST-ZIP PEMBROKE PINES FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V
NAME GIBERSON, GINA
STREET ADDRESS 7431 SW 19 GTR-
CITY-ST-ZIP NO LAUDERDALE FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 110.07(3)(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; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jess W. Giberson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-95 (305) 458-2244
Date Signature