

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H73129** (9)

1. Corporation Name

PEOPLES PAWN SHOPS OF FLA, INC.



Principal Place of Business

Mailing Address

**2910 SOUTHWEST 30TH AVENUE
PEMBROKE PARK FL 33020-1306**

**2910 SOUTHWEST 30TH AVENUE
PEMBROKE PARK FL 33020-1306**

3. Date Incorporated or Qualified

08/27/1985

3a. Date of Last Report

03/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GIBERSON, JESS W
1517 SW 119TH AVENUE
PEMBROKE PINES FL 33025**

81 Name

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

**2401 NW 97th Terrace
P**

83

84

Pembroke Pines FL

85 Zip Code

33024

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 Registered Agent (print name and title)

Signature of Registered Agent (print name and title)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

GIBERSON, RONA

STREET ADDRESS

5203 NE 24 TERR

CITY-STATE-ZIP

FT LAUDERDALE FL

TITLE

T

☐ DELETE

NAME

GIBERSON, GUY

STREET ADDRESS

5875 SW 74 TERR

CITY-STATE-ZIP

MIAMI FL

TITLE

V

☐ DELETE

NAME

GIBERSON, JESS W

STREET ADDRESS

1517 SW 119 AVE

CITY-STATE-ZIP

PEMBROKE PINES FL

TITLE

V

☐ DELETE

NAME

GIBERSON, GINA

STREET ADDRESS

14520 FAIRFAX PLACE

CITY-STATE-ZIP

DAVIE FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-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 119.07(3)(k), 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 or is changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/96

DATE

DAYTIME PHONE #

CR2E034 (12/95)