

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

FILED

Feb 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H86441** (3)

1. Corporation Name
TICE PAWN SHOP, INC.



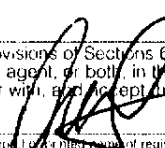
Principal Place of Business C/O DENNIS L. MCQUINN 4019 PALM BCH BLVD FORT MYERS FL 33916	Mailing Address C/O DENNIS L. MCQUINN 4019 PALM BCH BLVD FORT MYERS FL 33916-3408
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3. Date Incorporated or Qualified 11/21/1985	3a. Date of Last Report 04/26/1996
4. FEI Number 59-2700960	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 4019 Palm Beach Blvd	2a. Mailing Address 4019 Palm Beach Blvd
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State FT Myers, FL	27. City & State FT Myers, FL
23. Zip 33916	28. Zip 33916
24. Country LEE	29. Country LEE

9. Name and Address of Current Registered Agent MCQUINN, DENNIS L. 4001 LUCKETT ROAD 4019 PALM BCH RD FORT MYERS FL 33905	10. Name and Address of New Registered Agent 81. Name Dennis L. McQuinn 82. Street Address (P.O. Box Number is Not Acceptable) 9930 SAILVIEW CT APT 24 83. City & State FT Myers FL 84. Zip Code 33905
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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:  **DENNIS L. MCQUINN Pres. (Address change) 2-12-97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P MCQUINN, DENNIS L.
STREET ADDRESS	4001 LUCKETT RD - 9930-24 SAILVIEW CT
CITY-ST-ZIP	FT MYERS FL
TITLE	<input type="checkbox"/> DELETE
NAME	D WOOD, JAMES D.
STREET ADDRESS	5468 HARBOUR CASTLE DRIVE
CITY-ST-ZIP	FT. MYERS FL
TITLE	<input type="checkbox"/> DELETE
NAME	D WOOD, JOYCE A.
STREET ADDRESS	5468 HARBOUR CASTLE DRIVE
CITY-ST-ZIP	FT. MYERS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PRESIDENT MCQUINN, DENNIS L.
1.3 STREET ADDRESS	9930-24 SAILVIEW CT
1.4 CITY-ST-ZIP	FT MYERS, FL 33905
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 or on an attachment with an address.

SIGNATURE:  **DENNIS L. MCQUINN Pres. 2-12-97 941-694-3102**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)