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Secretary of State

03-02-1999 90100 035 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H88319

1. Corporation Name

A-C.O.D. PAWN SHOP, INC.

Principal Place of Business

**3575 DAVIE BLVD.
FT. LAUDERDALE FL 33312**

Mailing Address

**3575 DAVIE BLVD.
FT. LAUDERDALE FL 33312**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1985

4. FEI Number

59-2620457

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**OBERLANDER, SARA
3575 DAVIE BLVD.
FT. LAUDERDALE FL 33312**

10. Name and Address of New Registered Agent

81 Name **LUPPINO, Joseph W. JR.**
82 Street address (P.O. Box Number is Not Acceptable) **3575 DAVIE BLVD.**
83
84 City **FT. LAUDERDALE** **FL** **85** Zip Code **33312**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	OBERLANDER, SARA	3575 DAVIE BLVD.	FT. LAUDERDALE FL	<input checked="" type="checkbox"/>
D	OBERLANDER, SARA	3575 DAVIE BLVD.	FT. LAUDERDALE FL	<input checked="" type="checkbox"/>
TD	LUPPINO, JOSEPH	9666 OHIO PL BOCA	BOCA RATON FL	<input type="checkbox"/>
SD	NATHAN, DAVID	3575 DAVIE BLVD	FT LAUD FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
P	LUPPINO, Joseph W. (JR.)	3575 DAVIE BLVD.	FT LAUDERDALE, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP, D	LUPPINO, Joseph W. (JR.)	3575 DAVIE BLVD.	FT LAUDERDALE, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	LUPPINO, MARGARET L.	3575 DAVIE BLVD.	FT LAUDERDALE, FL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SD	LUPPINO, MARGARET L.	3575 DAVIE BLVD.	FT LAUDERDALE, FL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE: **Margaret L. Luppino**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-99 954-791-4258

CR2E034 (11/98)