H88319

G.O.D. PAWN SHOP / ANTIQUES & JEWELRY
3575 DAVIE BLVD
FORT LAUDERDALE, FLA. 33312
791-4258

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

100004424841--6
-06/18/01--01101--004
*****35.00 *****35.00

1. _____ _____
(Corporation Name) (Document #)

2. _____ _____
(Corporation Name) (Document #)

3. _____ _____
(Corporation Name) (Document #)

4. _____ _____
(Corporation Name) (Document #)

FILED
01 JUN 18 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

H88319 cr
3pg
017 Rec
6-18-01

Examiner's Initials

CR2E031(7/97)

OFFICER / DIRECTOR RESIGNATION

I, Joseph Iuppino (deceased), hereby resign as Treasurer/Director
(Title)

of A C.O.D. Pawn Shop, Inc.
(Name of Corporation)

a corporation organized under the laws of the State of Florida

and affirm that the corporation has been notified in writing of the resignation.

Joseph W Iuppino (SON)
(Signature of resigning officer/director)

FILED
01 JUN 18 AM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE IS $35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

CR2E044(9/98)

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA

TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NO. 6096-2451

Field	Entry
1. DECEDENT'S NAME (First, Middle, Last)	Joseph William Luppino, Sr.
2. SEX	Male
3. DATE OF DEATH (Month, Day, Year)	March 01, 1996
4. SOCIAL SECURITY NUMBER	144-07-1570
5a. AGE-Last Birthday (Years)	75
5b. UNDER 1 YEAR (Months / Days)	
5c. UNDER 1 Day (Hours / Minutes)	
6. DATE OF BIRTH (Month, Day, Year)	September 05, 1920
7. BIRTHPLACE (City and State or Foreign Country)	Summit, New Jersey
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)	Yes
9a. PLACE OF DEATH (Check only one: see instructions on other side) HOSPITAL: __ Inpatient __ ER/Outpatient X DOA; OTHER: __ Nursing Home __ Residence __ Other (Specify)	X DOA
9b. INSIDE CITY LIMITS? (Yes or No)	No
9c. FACILITY NAME (If not institution, give street and number)	West Boca Medical Center
9d. CITY, TOWN, OR LOCATION OF DEATH	Boca Raton
9e. COUNTY OF DEATH	Palm Beach
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Laborer
10b. KIND OF BUSINESS/INDUSTRY	Mason
11. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify)	Widowed
12. SURVIVING SPOUSE (If wife, give maiden name)	
13a. RESIDENCE — STATE	Florida
13b. COUNTY	Broward
13c. CITY, TOWN, OR LOCATION	Oakland Park
13d. STREET AND NUMBER	106 Royal Park Dr., Apt. 2F
13e. INSIDE CITY LIMITS? (Yes or No)	Yes
13f. ZIP CODE	33309
14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes — If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.)	XX No __ Yes
15. RACE — American Indian, Black, White, etc. (Specify)	White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)	9
17. FATHER'S NAME (First, Middle, Last)	Nicklas William Luppino
18. MOTHER'S NAME (First, Middle, Maiden Surname)	Rose Bennuti
19a. INFORMANT'S NAME (Type/Print)	Joseph W. Luppino, Jr.
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	9666 Ohio Place, Boca Raton, Florida 33434
20a. METHOD OF DISPOSITION: __ Burial __ Cremation __ Removal from State __ Donation __ Other (Specify)	XX Burial
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	Queen of Heaven Cemetery
20c. LOCATION — City or Town, State	North Lauderdale, Florida
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	[signature]
21b. LICENSE NUMBER (of Licensee)	4125
21c. NAME AND ADDRESS OF FACILITY	Babione Funeral Home, 10060 Calle Commerco Dr., Boca Raton, FL 33428

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only	
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title)	E. Mascarenhas
22b. DATE SIGNED (Mo., Day, Yr.)	3-4-1996
22c. HOUR OF DEATH	9:17 P.M
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	

To be Completed by MEDICAL EXAMINER	
23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title)	
23b. DATE SIGNED (Mo., Day, Yr.)	
23c. HOUR OF DEATH	M
23d. MEDICAL EXAMINER'S CASE #	

24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print)
E. Mascarenhas, M.D. 8395 W. Oakland Park Blvd.#1: Sunrise, Fl. 33351

25a. SUBREGISTRAR — SIGNATURE AND DATE	25b. LOCAL REGISTRAR — SIGNATURE	25c. DATE REGISTERED
Patricia Babione 3/5/96	Donna Stahtel	MAR 0 8 1996

CAUSE OF DEATH BY CERTIFIER

26 PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Cardio-Pulmonary Arrest	MTS
DUE TO (OR AS A CONSEQUENCE OF) b.	Probable Acute Myocardial Infarction	MTS
DUE TO (OR AS A CONSEQUENCE OF) c.	Coronary artery disease	YRS
DUE TO (OR AS A CONSEQUENCE OF) d.		

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I	27a. WAS AN AUTOPSY PERFORMED? (Yes or No)	27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No)	28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No)
Renal Failure; Diabetes	No.		No

29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? __ YES __ NO

30a. IF SURGERY IS MENTIONED IN PART I or II ENTER CONDITION FOR WHICH IT WAS PERFORMED

30b. DATE OF SURGERY (Mo., Day, Year)

31. PROBABLE MANNER OF DEATH (Specify) Natural, accident, suicide, homicide, or undetermined.

32a. DATE OF INJURY (Month, Day, Year)

32b. TIME OF INJURY M

32c. INJURY AT WORK? (Yes or No)

32d. DESCRIBE HOW INJURY OCCURRED

32e. PLACE OF INJURY — At home, farm, street, factory, etc. (Specify)

32f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

HRS Form 512, Jan. 93 (Previous Editions Obsolete)

State of Florida, Department of Health and Rehabilitative Services, Vital Statistics

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

BY [signature] MAR 0 8 1996 State Registrar

WARNING: ANY REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW. DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH LINES AND SECURITY WATERMARK ON BACK AND COLORED BACKGROUND AND GOLD EMBOSSED GREAT SEAL OF THE STATE OF FLORIDA ON FRONT. ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.

7704169

GREAT SEAL OF THE STATE OF FLORIDA — IN GOD WE TRUST

HRS — DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

HRS FORM 1564 (6-89)

CERTIFICATION OF VITAL RECORD