FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H93969** **(4)**

1. Corporation Name
TREASURE COAST PAWN SHOP, INC.

Principal Place of Business	Mailing Address
% JOHN A. KLIMEK, JR. 101 NORTH 4TH STREET FT. PIERCE FL 34950	% JOHN A. KLIMEK, JR. 101 NORTH 4TH STREET FT. PIERCE FL 34950

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/14/1986**
3a. Date of Last Report: **02/10/1994**

2. Principal Place of Business	2a. Mailing Address
21 % John A. Klimek Jr	26 % John A. Klimek, Jr.
Suite, Apt. #, etc 22 4901 Palmetto Dr.	Suite, Apt. #, etc 27 4901 Palmetto Dr.
City & State 23 Ft. Pierce Fl	City & State 28 Ft. Pierce, Fl.
Zip / Country 24 34982 / 25 U.S.A.	Zip / Country 29 34982 / 30 U.S.A.

4. FEI Number: **59-2641910** ☐ 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 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
KLIMEK, JOHN A JR 4901 PALMETTO DR. FT. PIERCE FL 34982	81 Name: SAME 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City: **FL** 85 Zip Code

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 X John A. Klimek, Jr. John A. Klimek Jr. 3-2-95
Signature, Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required where indicated.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	KLIMEK, JOHN A. JR.	1.2 NAME	
STREET ADDRESS	101 NORTH 4TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	KLIMEK, KAY E.	2.2 NAME	
STREET ADDRESS	101 NORTH 4TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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)(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.

SIGNATURE: John A. Klimek Jr. 3-2-95 (407) 461-0425
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #

0376284 CP