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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J12539** **(9)**

1. Corporation Name

A. AABBEY PAWN AND STORAGE, INC.

Principal Place of Business	Mailing Address
4281 N. DIXIE HIGHWAY OAKLAND PARK FL 33334	4281 N. DIXIE HIGHWAY OAKLAND PARK FL 33334

3. Date Incorporated or Qualified: 05/02/1986
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 2700 EAST OAKLAND PK. BLVD.	26 2700 E. OAKLAND PK. BLVD.
22 Suite ~~Apt. or Bldg.~~ SUITE A	27 Suite ~~Apt. or Bldg.~~ SUITE A
23 City & State: FORT LAUDERDALE, FLA.	28 City & State: FT. LAUD. FLA
24 Zip: 33306 25 Country: USA	29 Zip: 33306 30 Country: USA

4. FEI Number: 59-2668723 — 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
OBERLANDER, SARA 4281 N. DIXIE HWY. OAKLAND PARK FL 33334	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 2700 E. OAKLAND PARK BLVD. 83 84 City: FT. LAUDERDALE FL 85 Zip Code: 33306

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 restoring) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	PD ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	OBERLANDER, SARA	1.2 NAME	
STREET ADDRESS	4281 N. DIXIE HWY.	1.3 STREET ADDRESS	2700 E. OAKLAND PARK BLVD. SUITE A
CITY-ST-ZIP	OAKLAND PARK FL	1.4 CITY-ST-ZIP	FT. LAUD. FL. 33306
2 TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
3 TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4 TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5 TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6 TITLE	☐ DELETE	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)(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 if changed, or on an attachment with an address.

SIGNATURE: Sara Oberlander Sara Oberlander 3/8/96 954-563 1776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)