

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

50 MAY -1 PH 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J68571 (5)
1. Corporation Name
HOLLYWOOD JEWELRY AND PAWN BROKERS, INC.

Principal Place of Business: **2761 NORTH STATE ROAD 7
HOLLYWOOD FL 33021**
Mailing Address: **2761 NORTH STATE ROAD 7
HOLLYWOOD FL 33021**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/17/1987**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2800950**
Applied For: ☐ Not Applicable
5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing: ☐ **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☒ Yes ☐ No

2. Principal Place of Business: **21** State, Apt. #, etc.: **22** City & State:
25. Mailing Address: **26** State, Apt. #, etc.: **27** City & State:
28. Zip: **29** Country: **30** Country:

9. Name and Address of Current Registered Agent

**KOVACS, MICHAEL
2761 NO. STATE ROAD 7
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. Zip Code: **FL**

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 of Registered Agent (Print, typed or printed name of the Registered Agent)

Signature of Registered Agent (Print, typed or printed name of the Registered Agent)

Signature of Registered Agent (Print, typed or printed name of the Registered Agent)

12. OFFICERS AND DIRECTORS

12.1 TITLE: **PTD**
12.2 NAME: **KOVACS, MICHAEL**
12.3 STREET ADDRESS: **2761 N. STATE ROAD 7**
12.4 CITY, ST, ZIP: **HOLLYWOOD FL**
12.5 TITLE: **VSD**
12.6 NAME: **SCHIANO, RICHARD**
12.7 STREET ADDRESS: **2761 N. STATE ROAD 7**
12.8 CITY, ST, ZIP: **HOLLYWOOD FL**
12.9 TITLE: **D**
12.10 NAME: **KOVACS, GEORGE**
12.11 STREET ADDRESS: **2761 N. STATE ROAD 7**
12.12 CITY, ST, ZIP: **HOLLYWOOD FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE: ☐ Change ☐ Addition
13.2 NAME:
13.3 STREET ADDRESS:
13.4 CITY, ST, ZIP:
13.5 TITLE: ☐ Change ☐ Addition
13.6 NAME:
13.7 STREET ADDRESS:
13.8 CITY, ST, ZIP:
13.9 TITLE: ☐ Change ☐ Addition
13.10 NAME:
13.11 STREET ADDRESS:
13.12 CITY, ST, ZIP:
13.13 TITLE: ☐ Change ☐ Addition
13.14 NAME:
13.15 STREET ADDRESS:
13.16 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 199.03(1)(b), Florida Statutes. I further certify that the information included 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 of Block 13 and has not an attachment with an address.

SIGNATURE: X

Michael Kovacs
MICHAEL KOVACS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X **5-1-95** **305-961-8270**
Date Phone