

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J95346** (9)
1. Corporation Name
ADVANTAGE PAWN, INC.



Principal Place of Business: **5303 G E. COLONIAL DR. ORLANDO FL 32807**
Mailing Address: **5303 G E. COLONIAL DR. ORLANDO FL 32807**

2. Principal Place of Business: 21 State App. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State App. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

3. Date Incorporated or Qualified: **09/23/1987**
3a. Date of Last Report: **04/14/1995**
4. FET Number: **59-2846366**
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
**MCKEEN, DALE W.
4547 FLATWOOD DR
ORLANDO FL 32829**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0422 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, Sections 607.0422 and 607.1508, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	V S T
NAME	MCKEEN, DALE W.	12 NAME	
STREET ADDRESS	4547 FLATWOOD DR	13 STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO FL	14 CITY-STATE-ZIP	
TITLE	V	21 TITLE	
NAME	BOYKIN, ALLAN R.	22 NAME	
STREET ADDRESS	600 TUSCANY CT.	23 STREET ADDRESS	
CITY-STATE-ZIP	SANFORD FL	24 CITY-STATE-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-STATE-ZIP		34 CITY-STATE-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-STATE-ZIP		44 CITY-STATE-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-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 stated on this annual report or supplier only annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. If 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 in an attachment with an address.

SIGNATURE: **Dale W. McKeen** **DALE W. MCKEEN** 1-13-96 407 282-7066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)