

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 **FL**

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 I accept the obligations of, Sections 607.0422 and 607.1508, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MCKEEN, DALE W.	
STREET ADDRESS	4547 FLATWOOD DR	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BOYKIN, ALLAN R.	
STREET ADDRESS	600 TUSCANY CT.	
CITY-STATE-ZIP	SANFORD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	V S T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-STATE-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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)