


FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90001 009 ***750.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L26589

1. Corporation Name

THE FRIENDLY PAWN SHOP, INC.

Principal Place of Business

 4691 N. UNIVERSITY DRIVE
 SUITE 433
 CORAL SPRINGS FL 33067

Mailing Address

 4691 N. UNIVERSITY DRIVE
 SUITE 433
 CORAL SPRINGS FL 33067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1989

4. FEI Number

65-0160063

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐**\$5.00** May Be Added to Fees8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

 21 4630 N University Dr
 Suite, Apt. #, etc.

22 Suite

23 City & State

24 Zip

Country

2a. Mailing Address

 26 4630 N University Dr
 Suite, Apt. #, etc.

27 Suite 433

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

 BENJAMIN, HAROLD
 6208 PEMBROKE ROAD
 MIRAMAR FL 33023

10. Name and Address of New Registered Agent

81 Name

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

 TITLE D
 NAME RUBIN, GREGORY
 STREET ADDRESS 4691 N. UNIVERSITY DRIVE, STE. 433
 CITY-ST-ZIP CORAL SPRINGS FL 33020-6326
☐ DELETE
 TITLE P
 NAME RUBIN, GREGORY
 STREET ADDRESS 4691 N. UNIVERSITY DR., STE. 433
 CITY-ST-ZIP CORAL SPRINGS FL 33020-6326
☐ DELETE
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
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 CITY-ST-ZIP
☐ DELETE
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 4630 N University Dr #433

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 4630 N University Dr #433

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 6/4/99 954 344 2400
 Date Daytime Phone #

CR2E034 (1/98)