

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Division of Corporations
Secretary of State

APPROVED
AND
FILED

DOCUMENT # L36987

(0)

05 MAY -1 PM 10:26

DELUXE PAWN, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

616 N. FLORIDA AVE.
LAKELAND FL 33801

616 N. FLORIDA AVE
LAKELAND FL 33801

2. Filing Agent's Name		28. Filing Agent's Address	3. Date of Application	3a. Date of Last Report
21. <u>624 N. FLORIDA AVE</u>		26. <u>624 N. FLORIDA AVE</u>	12/14/1989	05/01/1994
22. Filing Agent's Address		27. Filing Agent's Address	4. Filing Agent's License Number	Approved For
23. Filing Agent's Address		28. Filing Agent's Address	65-0166331	Not Applicable
24. Filing Agent's Address		29. Filing Agent's Address	5. Amount of State Fee	\$8.75 Additional Fee Required
25. Filing Agent's Address		30. Filing Agent's Address	6. Filing Agent's Signature	\$5.00 May Be Added to Fees
26. Filing Agent's Address		31. Filing Agent's Address	7. Filing Agent's Signature	
27. Filing Agent's Address		32. Filing Agent's Address	8. Filing Agent's Signature	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TURBEVILLE, HUGH
3604 WATERFIELD PKWY.
LAKELAND FL 33803

81. Name	85. State
82. Street Address	FL
83. City	
84. Zip	

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above is a true and correct copy of the original report of the filing agent as required by the Department of State, and that the same is true and correct as the same appears in the original report of the filing agent as required by the Department of State.

12. Name of Filing Agent	13. Name of Filing Agent
D TURBEVILLE, HUGH J. 3604 WATERFIELD PKWY LAKELAND FL	
14. Name of Filing Agent	15. Name of Filing Agent
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96. Name of Filing Agent	97. Name of Filing Agent
98. Name of Filing Agent	99. Name of Filing Agent
100. Name of Filing Agent	101. Name of Filing Agent

14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above is a true and correct copy of the original report of the filing agent as required by the Department of State, and that the same is true and correct as the same appears in the original report of the filing agent as required by the Department of State.

SIGNATURE:

BE NATURAL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TURBEVILLE 1/26/95 813-465-3042