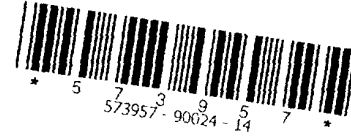


FILE NOW: FILING FEE AFTER MAY 1:

FILED
Jun 10, 1999 8:00 am
Secretary of State
 06-10-1999 90024 014 ***550.00

DOCUMENT - 1

043336



PROFIT CORPORATION
 ANNUAL REPORT
1999

FLORIDA
 DIVISION



DOCUMENT # L36987

1. Corporation Name
DELUXE PAWN, INC.

Principal Place of Business
**619 N FLORIDA AV
 LAKE LAND FL 33801
 US**

Mailing Address
**POB 434
 LAKE LAND FL 33802
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 2a Mailing Address

21 Suite, Apt # etc 26 Suite, Apt # etc

22 City & State 27 City & State

23 Zip 28 Zip

24 Country 25 Country 29 Country 30 Country

3. Date incorporated or Qualified
12/14/1989

4. FEI Number
65-0166331

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fee

8. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**TURBEVILLE, HUGH
 3604 WATERFIELD PKWY.
 LAKE LAND FL 33803**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 FL

86 Zip Code

11. Pursuant to the provisions of Sections 607.0500 and 607.1508, Florida Statutes, the above named corporation, in making 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 _____

12. OFFICERS AND DIRECTORS				13. ADDITIONAL OFFICERS, MANAGERS, AND DIRECTORS (BY TYPE)			
TITLE	D	☐ DELETE		TITLE		☐ Change ☐ Addition	
NAME	TURBEVILLE, HUGH J.			11 NAME			
STREET ADDRESS	3604 WATERFIELD PKWY			12 STREET ADDRESS			
CITY-ST-ZIP	LAKE LAND FL			13 CITY-ST-ZIP			
TITLE		☐ DELETE		21 TITLE		☐ Change ☐ Addition	
NAME				22 NAME			
STREET ADDRESS				23 STREET ADDRESS			
CITY-ST-ZIP				24 CITY-ST-ZIP			
TITLE		☐ DELETE		31 TITLE		☐ Change ☐ Addition	
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY-ST-ZIP				34 CITY-ST-ZIP			
TITLE		☐ DELETE		41 TITLE		☐ Change ☐ Addition	
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		☐ DELETE		51 TITLE		☐ Change ☐ Addition	
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		☐ DELETE		61 TITLE		☐ Change ☐ Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 113.07(2)(b), 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: **HUGH TURBEVILLE** 5-11/99 944 665 3042

CR2E034 (11/95)