

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90020 042 \*\*\*\*61.25

**DOCUMENT # N01000009016**

1. Entity Name

NATIONAL PAWNBROKERS INSTITUTE, INC.



Principal Place of Business

2000 EAST SUNRISE BOULEVARD  
FORT LAUDERDALE FL 33304

Mailing Address

2000 EAST SUNRISE BOULEVARD  
FORT LAUDERDALE FL 33304

54004300

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

69-0012872

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

KENO, CARY  
1337 NE 17TH AVENUE  
FORT LAUDERDALE FL 33304

*NEW  
Address →*

7. Name and Address of New Registered Agent

Name

KENO, CARY

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

2000 E. Sunrise Blvd.

City

FT. LAUDERDALE

FL

Zip Code

33304

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D  
NAME KENO, CARY  
STREET ADDRESS 1337 NE 17TH AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL 33304  
☒ Delete  
*NEW  
Address →*

TITLE D  
NAME KENO, BRUCE  
STREET ADDRESS 2000 EAST SUNRISE BOULEVARD  
CITY-ST-ZIP FORT LAUDERDALE FL 33304  
☐ Delete

TITLE D  
NAME KENO, BRIAN  
STREET ADDRESS 2000 EAST SUNRISE BOULEVARD  
CITY-ST-ZIP FORT LAUDERDALE FL 33304  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  
NAME KENO, CARY  
STREET ADDRESS P.O. BOX 7045  
CITY-ST-ZIP FT. LAUDERDALE, FL 33338  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Cary Keno* CARY KENO

Date

Daytime Phone #

Feb. 8, 2004 954-8842