FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # N
1. Corporation Name

N18456

(6)

FLORIDA PAWNBROKERS ASSOCIATION, INC.

	-	FILEI)
Feb	11	1998	8:00am
Se	ecre	tary (of State

	- <u></u>									
Principal Place of Business Malling Address					}	1 1201191 961 1120 12111			1011 41411 1241	
12300 SEMINOLE BLVD 12300 SEMINOLE BLVD				3. Date Incorporated or Qualified						
STE 4						12/29/1986				
LARGO FL 33778 LARGO FL 33778					4	. FEI Number		IAI	pplied For	
		·				59-2495656		N	ot Applicable	
<u> </u>	lace of Business Tamiami Trl E.	— · · · · · · · · · · · · · · · · · · ·			E . 6	. Certificate of Status De	sired		Additional equired	
Sulte, Apt.		26 2291 Tamiami 5 Suite, Apt. #, etc.				. Election Campaign Fire	ancing	\$5.00	May Be	
22	27					Trust Fund Contribution Added to Fees				
City & State					7. Is this nonprofit corporation a homeowners association?					
-		28 Naples, F1				Yes No				
Zip 3411		Zip 34112 Country 30			- l	This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No				
	9. Name and Address of Current	Registered Agent). Name and Address of	New Registere	d Agent		
			81	Name	1					
GRUBBS			82	Street	Address (P.O. Box Number Is Not /	Acceptable)			
12300 SEMINOLE BLVD			<u> </u>	ļ						
LARGO	FL 33778		83	1						
				City	FL 85 Zip Code					
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.										
SIGNATURE	Signature, typed or printed name of registered spent	and title if applicable. (NOT	Registered Ag	ent signature	e required whe	en reinstating)	2/2/L	1 b	<u> </u>	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES 1	O OFFICERS A	ND DIRECTOR	3S IN 12	
TITLE	EV	☐ DELETE	1.1 TITLE		Ī			☐ Change	Addition	
NAME	SPRUNG, MARTIN		1.2 NAME		1					
STREET ADDRESS	736 NW 183RD ST		1.3 STREE	t address					J;	
CITY-ST-ZIP	MIAMI FL 33169		1.4 CITY-	ST-ZIP				<u> </u>		
TITLE	VD	☐ DELETE	2.1 TITLE				•	Change	Addition	
NAME	PORTER, WALTER		2.2 NAME						1	
STREET ADDRESS	14 SW 1ST AVE		2.3 STREE	T ADDRESS					İ	
CITY-ST-ZIP	OCALA FL 34474		2.4 CITY-	ST-ZIP	ļ. <u> </u>					
TITLE	VD	DELETE	3.1 TITLE		}			Change	Addition	
NAME	BROWN, RONALD		3.2 NAME							
STREET ADDRESS	610-A E CERVANTES		3.3 STREE	ADDRESS	1					
CITY-ST-ZIP	PENSACOLA FL 32501	M priere	3.4. CITY-	ST-ZIP	 -			X		
TITLE	VD	DELETE	4.1 TITLE		V V	D Mb		Change	☐ Addition	
NAME	NEWMAN, BARRY		4. 2 NAME			ns, E. Thoma				
STREET ADDRESS	5030 BLANDING BLVD			r address	f	1 Tamiami T		•	ł	
CITY-ST-ZIP TITLE	JACKSONVILLE FL 32210	DELETE	4.4 CITY - 5	ST-ZIP	Nap	oles, F1 3	34112	Change	Addition	
MALIE	CRITERS CARV		5.1 TITLE					Change	Addition	

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY - ST - ZIP

6.1 TITLE

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME Street address 12300 SEMINOLE BLVD

LARGO FL

S S LIBORIE

DELETE

2/2/98

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941-175-4653

Addition