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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18456

1. Corporation Name
FLORIDA PAWNBROKERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2291 TAMIAMI TRAIL E. NAPLES FL 34112	2291 TAMIAMI TRAIL E. NAPLES FL 34112

2. Principal Place of Business	2a. Mailing Address
21 4527 Arnold Avenue	26 4527 Arnold Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Naples, FL	City & State 28 Naples FL
Zip 24 34104 Country 25	Zip 29 34104 Country 30

3. Date Incorporated or Qualified: 12/29/1986

4. FEI Number: 59-2495656 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GRUBBS, GARY
12300 SEMINOLE BLVD
LARGO FL 33778

10. Name and Address of New Registered Agent

81 Name: Thomas E. Sams
82 Street Address (P.O. Box Number is Not Acceptable): 4527 Arnold Avenue
83
84 City: Naples FL 85 Zip Code: 34104

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: Thomas E. Sams Pres. Thomas E. Sams, President DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SPRUNG, MARTIN 736 NW 183RD ST MIAMI FL 33169	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Vice President Director	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PORTER, WALTER 14 SW 1ST AVE OCALA FL 34474	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Executive Vice President Phil Saladino 5515 Highway 98N Lakeland, FL 33809-3102 Director	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BROWN, RONALD 610-A E CERVANTES PENSACOLA FL 32501	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Treasurer Doug Baine Pine Ridge Road #2 2033 Pine Ridge Road #2 Naples, FL 34109 Director	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SAMS, E. THOMAS 2291 TAMIAMI TRAIL E. NAPLES FL 34112	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	President Director Sams, Thomas E. 4527 Arnold Avenue Naples FL 34104	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GRUBBS, GARY 12300 SEMINOLE BLVD LARGO FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Chairman of the Board Director	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Thomas E. Sams SIGNATURE REQUIRED Thomas E. Sams, President 3/19/99 (941) 659-0955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #