

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000003536 (9)
1. Corporation Name **GOLDFINGER PAWN, INC.**

Principal Place of Business Mailing Address
28441 U.S. 41 So., #204 Same
Bonita Springs, Fl. 33923

2. Principal Place of Business
21 **28441 U.S. 41 So.**
Suite, Apt. #, etc. **#204**
City & State **Bonita Springs, Fl.**
Zip **33923** Country **Lee**

2a. Mailing Address
26 **28441 U.S. 41 So.**
Suite, Apt. #, etc. **#204**
City & State **Bonita Springs, Fl.**
Zip **33923** Country **Lee**

3. Date Incorporated or Qualified **11/05/1992** 3a. Date of Last Report **05/01/1995**
4. FEI Number **65-0381551** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
Kozlowski, Brian J.
28441 U.S. 41 So., #204
Bonita Springs, Fl. 33923

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ Signature type for previous name of registered agent (if applicable) Date: _____
Signature type for new registered agent (required when appointing) Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kozlowski, Brian J.	12. NAME	
STREET ADDRESS	28441 U.S. 41 So., #204	13. STREET ADDRESS	
CITY-ST-ZIP	Bonita Springs, Fl. 33923	14. CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kozlowski, Lorraine	22. NAME	
STREET ADDRESS	28441 U.S. 41 So., #204	23. STREET ADDRESS	
CITY-ST-ZIP	Bonita Springs, Fl. 33923	24. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	696184900135
STREET ADDRESS		43. STREET ADDRESS	-07/03/96--01021--022
CITY-ST-ZIP		44. CITY-ST-ZIP	***200.00
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **L. Kozlowski** *[Signature]* Date: **4/21/96** 941-992-4222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone No.

CR2E034 (12/95)