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**Apr 14 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P92000003536 (9)

1. Corporation Name
GOLDFINGER PAWN, INC.



Principal Place of Business: 28441 US HWY 41 #204 BONITA SPRINGS FL 33923 US

Mailing Address: 28441 US HWY 41 #204 BONITA SPRINGS FL 34134-3216 US

3. Date Incorporated or Qualified: 11/05/1992
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 4277 BONITA BEACH RD, BONITA SPRINGS, FL 34134, LEE

2a. Mailing Address: 4277 BONITA BEACH RD, BONITA SPRINGS, FL 34134, COLLIER

4. FEI Number: 65-0381551
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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 US HWY 41, BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent: 81 Name: SAME, 82 Street Address: 4277 BONITA BEACH RD, 83, 84 City: BONITA SPRINGS, FL, 85 Zip Code: 34134

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]* Brian Kozlowski, Dir. 4/02/97
Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE: D	NAME: KOZLOWSKI, BRIAN J	STREET ADDRESS: 28441 U.S. 41 SO. #204	CITY-ST-ZIP: BONITA SPRINGS FL 33923	<input type="checkbox"/> DELETE
TITLE: D	NAME: KOZLOWSKI, LORRAINE	STREET ADDRESS: 28441 U.S. 41 SO. #204	CITY-ST-ZIP: BONITA SPRINGS FL 33923	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: (SAME)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: 4277 BONITA BEACH RD (ADDRESS)	
1.3 STREET ADDRESS: BONITA BEACH, FL 34134	
1.4 CITY-ST-ZIP:	
2.1 TITLE: (SAME)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: 4277 BONITA BEACH RD (ADDRESS)	
2.3 STREET ADDRESS: BONITA SPRINGS, FL 34134	
2.4 CITY-ST-ZIP:	
3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-ST-ZIP:	
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-ST-ZIP:	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Lorraine Kozlowski, Dir. (941) 992-4222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 4/02/97 Daytime Phone #

CR2E034 (9/96)