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Mar 05 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 # P92000009815 (1)

1. Corporation Name
UNIVERSITY PAWN, INC.



Principal Place of Business

257 N. BABCOCK ST.
MELBOURNE FL 32935
US

Mailing Address

530 HORIZON DRIVE
KENANSVILLE FL 34739-9529

3. Date Incorporated or Qualified
12/04/1992

3a. Date of Last Report
04/17/1996

2. Principal Place of Business

21 1059-A Aurora Rd
Suite, Apt. #, etc.

2a. Mailing Address

26 530 Horizon Drive
Suite, Apt. #, etc.

4. FEI Number

59-3181108

Applied For

Not Applicable

22 City & State

23 Melbourne FL

27 City & State

28 Kenansville FL

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

24 32935

25 USA

29 34739

30 USA

9. Name and Address of Current Registered Agent

ELLIOT, LAWRENCE J
530 HORIZON DR
KENANSVILLE FL 34739

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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: *Lawrence J. Elliott*

(NOTE: Registered Agent signature required when reinstating)

DATE: 3/23/97

12. OFFICERS AND DIRECTORS

TITLE: PD
NAME: ELLIOT, LAWRENCE J
STREET ADDRESS: 530 HORIZON DR
CITY-ST-ZIP: KENANSVILLE FL

TITLE: VST
NAME: ELLIOTT, PATRICIA GALE
STREET ADDRESS: 530 HORIZON DR
CITY-ST-ZIP: KENANSVILLE FL

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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: *Lawrence J. Elliott* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/97 407-853-6444
Daytime Phone #

CR2E034 (9/96)