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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P92000010856 (2) 1. Corporation Name										
EAST	COAST GUN & PAWN, IN	IC.								
Principal Place	of Business	Mailing Address				- 	IIA WULFA B u fu			
	VA ROAD BEACH FL 32114	DAYTONA BEACH F	520 N. NOVA ROAD DAYTONA BEACH FL 32114							
US		U\$				3. Date Incorporated or Qualified 12/09/1992		of Last Re 05/11/1		
2. Principal Pla	ice of Business	2a. Mailing Address	Mailing Address						applied For	_]
Suite, Apt. #	f ptc	Suite Ant. # etc	Suite, Apt. #, etc.			59-3162178 Not Applie 5 Cartificate of Status Decised 53 \$8.75 Addition			Not Applicable	-
22	r, 610.	27	Gorte, Apt. 4, etc.			5. Certificate of Status Desired			Required	
City & State		City & State	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zıp [29]	Country 30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes \(\bigcap \) No				1
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New R	egistered .	Agent		_
				81	Name					
	son, ronald n Grandview avenue			82	Street Addre	ss (P.O. Box Number is Not Acceptab	e)			
DAYTO	ONA BEACH FL 32118			83						
			<u> </u>	84	City	* * * * * * * * * * * * * * * * * * * *		85 Zip	Code	1
11 Purcuant to	o the provisions of Sections 607 0503	2 and 607 1508. Ethrida Statute	ode out se	VA-71	anad corpora	tion submits this statement for the pur	FL	pogina ite re	anietered office	1
or registere familiar with SIGNATURE	ed agont, or both, in the State of Flori h, and accept the obligations of, Sect	da. Such change was authorize tion 607.0505, Florida Statutes	ed by the c	orpo	oration's board	of directors. I hereby accept the appo	intment as	registered	agent. I am	
	Signature, typed or printed name of registered agent	en interes a como esperante a company includes de la company de la compa	TE: Registered	Agen	il signature required	·····	DATE.	DIDECTO	DC IN 10	ફ્ર
12. TITLE	OFFICERS AN	D DIRECTORS DELETE	117			ADDITIONS/CHANGES TO OFF		Change	Addition	R2F034 (12/95)
NAME	MURPHY, FRANK J			1.2 NAME 1.3 STREET ADDRESS						7
STREET ADDRESS	755 E LANSDOWNE AVE		1.3 ST							<u>E</u>
CITY-ST-7.P	ORANGE CITY FL 32763		1.4 0		T-ZIP					_]&
TITLE	STD DELETE		2. 1 71	TLE			[Change	☐ Addition	70
NAME	FLIPPO, WILLIAM Q									
STREET ADDRESS	3672 CHARLES STREET	00400			ADDRESS					
CITY-ST-ZIP	NEW SMYRNA BEACH FL		2 4 CI		I - ZIP			T Chanca	Add:tion	_
TITLE NAME	☐ DELETE			3 1 TITLE 3.2 NAME			L	Change	☐ 200,000	
STREET ADDRESS					I ADDRESS					
DITY-SI-ZIP			3.4 CI							
TITLE		DELETE	4. 1 TITLE					Change	☐ Addition	
NAME į			4.2 NA	4.2 NAME						
STREET ADDRESS			4.3 S1	4.3 STREET ADDRESS						
CITY-S1-ZIP				1 <u>Y-S</u>	51-ZIP					
TITLE	DELETE 5.1		5 1 11			Cr		Change	☐ Addition	
NAME			5 2 NAME							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	Market also also desired and the Advantage of the control of the second	ח חבו בדב	54 CI		31 - ZIP			Change	☐ Addition	-
TITLE		ר"ו מנינינ	DELETE 6 1 111 62 NA				L	Change	Addition Addition	
namé Street address					ADDDECO					
CITY_ST_7IP			6.3 STREET ADD							

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 arrual 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICE