

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 # P93000003868 (5)

1. Corporation Name

LOW COST AUTO PAWN INC.



Principal Place of Business

Mailing Address

3727 US 19 NORTH
PORT RICHEY FL 34652
US

7909 US 19. N
PORT RICHEY FL 34668
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/19/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3169232

Applied For

Not Applicable

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

LANG, RALPH E
1055 HAMMOCK CIRCLE
TARPON SPRINGS FL 34689

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent or officer or director

Signature, typed or printed name of registered agent or officer or director

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME P
STREET ADDRESS LANG, RALPH
CITY-ST-ZIP 1055 HAMMOCK CIRCLE
TARPON SPRINGS 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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1 TITLE ☐ Change ☐ Addition
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP

5 TITLE ☐ Change ☐ Addition
6 NAME
7 STREET ADDRESS
8 CITY-ST-ZIP

9 TITLE ☐ Change ☐ Addition
10 NAME
11 STREET ADDRESS
12 CITY-ST-ZIP

13 TITLE ☐ Change ☐ Addition
14 NAME
15 STREET ADDRESS
16 CITY-ST-ZIP

17 TITLE ☐ Change ☐ Addition
18 NAME
19 STREET ADDRESS
20 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)