FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

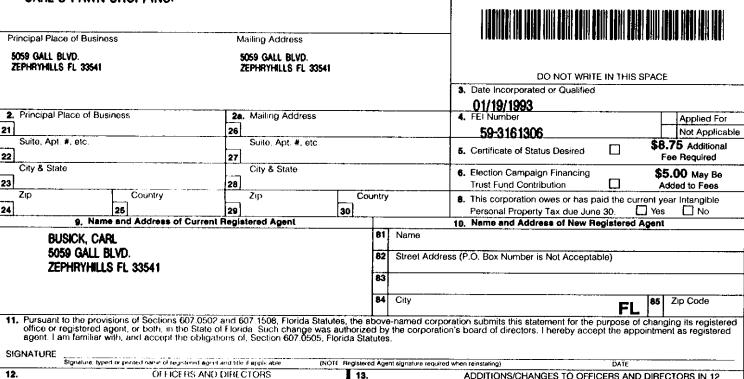
Secretary of State **DIVISION OF CORPORATIONS**

P93000005728 (9) DOCUMENT

CARL'S PAWN SHOP, INC.

Principal Place of Business	Mailing Address	
5059 GALL BLVD. ZEPHRYHILLS FL 33541	5059 GALL BLVD. ZEPHRYHILLS FL 33541	

FILED Apr 27 1998 8:00am Secretary of State



13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 11 TITLE Change Addition NAME BUSICK, CARL 1.2 NAME CRZE034 5059 GALL BLVD. STREET ADDRESS 1.3 STREET ADDRESS ZEPHYRHILLS FL 33541 CITY-ST-ZIP 1.4 City-St-ZiP DELETE TITLE 2.1 TITLE Change Addition KAME **BUSICK, WANDA** 2.2 NAME STREET ADDRESS 5059 GALL BLVD. 2.3 STREET ADDRESS ZEPHYRHILLS FL 33541 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Addition 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-SI-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I 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 affactment with an address.

6.4 CITY - ST- ZIP

SIGNATURE:

CITY-ST-ZIP

4-21-98