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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	P93000041275	(7)
LAVE MIDIARA DAVANI	INC	

LAKE MIRIAM PAWN, INC.

Principal Place of Business Mailing Address				{							
	MIRIAM DRIVE	105 LAKE MIRIAM DRI	VE .								
Suite 5 Lakeland	FL 33813	SUITE 5 LAKELAND FL 33813									
	. 2	EMPERIND TE SOOTS				<ol> <li>Date Incorporated or Qualified 06/04/1993</li> </ol>	3a. Date (	of Last 21/1			
2. Principal F	lace of Business	2a. Mailing Address				4. FEI Number	<u> </u>		Applied For		
21		26				59-3194291		<u> </u>	Not Applicable		
Suite, Apl	. #, etc.	Suite, Apt. #, etc.		_		5. Certificate of Status Desired		\$8.	75 Additional		
22	2 27					G. Commedia of Status position		Fe	e Required		
- 1 · ·	City & State City & State					6. Election Campaign Financing Trust Fund Contribution			<b>\$5.00</b> May Be		
23		28				Trust Fund Contribution			ded to Fees		
- Zρ • • • •	Country	- 2 <sub>φ</sub>	Cour	itry		8. This corporation has liability for it		under	s 199.032,		
24	[25] g. Name and Address of Curre	29	30			Florida Statutes Yes  10. Name and Address of New R	□ No				
	g. Name and Address of Com	ant negistereu Agent		81	Name	10. Name and Address of New H	egistered A	gent			
GIROD	, CARL A				140116						
	KE MIRIAM DRIVE			82	Street Addr	ess (P.O. Box Number is Not Acceptab	ole)				
SUITE			-	83							
	AND FL 33813										
			[	84	City		FL	85	Zip Code		
11. Pursuant	t to the provisions of Sections 607.050	02 and 607.1508, Florida Statuti	es, the abov	 /e n	named corpor	ation submits this statement for the pur	pose of char	naina it	s registered office		
Or registe	ered agent, or both, in the State of Fic vith, and accept the obligations of, Se	rida. Such change was authoriz	ed by the co	orpo	oration's boar	d of directors. I hereby accept the appoint	ointment as r	egiste	red agent. I am		
SIGNATURE	and the contract of the contract of the	ener der reeser i remad Grandige	•								
OKINATUM	Signature, type I or princed name of registered age	nt and the if acceicable (NC	TE Registered /	Agoni	l signature recjuired	d when reinstating)	DATE				
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND I	DIREC	TORS IN 12		
TILLE	CIDOD CARVI	DELETE	1 111	LF				Chanç	ge 🔲 Addition		
NAME	GIROD, GARY L 4015 SWINDELL RD		1.2 NA!	ME							
STREET ADDRESS	PLANT CITY FL 33565		1.3 STF	REET.	ADDRESS						
CHY ST ZIF	PLANT CITT PL 33363		1.4 C/T		i - ZIP						
THEF	GIROD, CARL A	DÉLETE	2 1 111					Chang	e 🖺 Addition		
NAME	2025 SWINDELL DD		2 2 NA!								
STREET ADDRESS	PLANT CITY FL 33565				ADDRESS						
COTY-ST-ZIP	TEANT CITTLE GOOD	E Dructe	2401		1 - ZIP				product of the second		
'IILE		DELETE	3 1 TIT				L.	Chang	ge 🗀 Addition		
NAME STATE ADDRESS	1		3.2 NAI			•					
STEEL LADORESS					ADDRESS						
CUY-S1-ZIF		DELETE	3.4 C/T 4. 1 T/T		1 - ZIP		F*1	Chang	e 🗍 Addition		
NAM-		Libercie	4.1 III					i ouant	· Li Radilloli		
SUREFILADORESS					ADDRESS						
CIFY+ST_ZIF			4.3 ST								
THUE	· · · · · · · · · · · · · · · · · · ·	DELETE	5 1 TiT		1 . 711			Chang	ge 🗍 Addition		
NAME		L	5 2 NA1				_	,3			

0(1Y-S1-Z)F 64 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 cath, 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 change), or on an attachment with an address.

SIGNATURE:

2-6-96

941-648-2458

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY - ST- ZIP

6 1 TITLE

6.2 NAME

SURFEL ADORESS.

STREET ADDRESS

CITY-ST-ZIF

TILLE

NAME

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

941-648-0458 Daytime Phone #

■ Addition

Change