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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name P93000041275 (7)

LAKE MIRIAM PAWN, INC.

105 LAKE MIRIAM DRIVE 105 LAKE MIRIAM DRIVE DO NOT WRITE IN THIS SPACE LAKELAND FL 33813 LAKELAND FL 33813 3. Date Incorporated or Qualified 06/04/1993 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-3194291 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. [] Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GIROD, CARL A 105 LAKE MIRIAM DRIVE Street Address (P.O. Box Number is Not Acceptable) SUITE 5 83 LAKELAND FL 33813 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TITLE GIROD, GARY L 1 2 NAME MAME 4015 SWINDELL RD 1.3 STREET ADDRESS STREET ADDRESS PLANT CITY FL 33565 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME GIROD, CARL A 2.2 NAME STREET ADDRESS 3925 SWINDELL RD 2.3 STREET ADDRESS CITY-ST-ZIP PLANT CITY FL 33565 2. 4 CITY-ST-ZIP DELETE Change Addition THILE 31 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE 4.1 TITLE Change Addition MAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - 7tP CITY-ST-ZIP Change DELETE Addition 5.1 TITLE TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this tiling 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 supplied with this tiling 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 supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this tiling 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 supplied with this tiling 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 supplied with this tiling 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 supplied with this tiling 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 supplied with the information indicated on this annual report or supplied with the information indicated on the supplied with the information indicated on

6.4 CITY-ST-ZIP

6.1 TITLE

62 NAME 6.3 STREET ADDRESS

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3-25-98

FILED

Mar 31 1998 8:00am

Secretary of State

941-648-0438

Addition

Change