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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000064432 (6)

FILED Jan 30 1998 8:00am Secretary of State

DISCOUNT PAWNBROKERS, INC. Principal Place of Business Mailing Address 4141-4143 N DIXIE HWY 4141-4143 N DIXIE HWY OAKLAND PARK FL 33334 OAKLAND PARK FL 33334 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/15/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0442085 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 X Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SHANE, STEPHEN 4141-4143 N DIXIE HWY 82 Street Address (P.O. Box Number is Not Acceptable) OAKLAND PARK FL 33334 83 84 Zip Code 85 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, typed or printed name of registered agent and title if apolloable. (NOTE: Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 D/*P/-5/*7 DELETE TITLE 1.1 TITLE **⊠** Change Addition SHANE, STEPHEN NAME 1.2 NAME 8230 NW 54TH CT STREET ADORESS 1.3 STREET ADDRESS LAUDERHILL FL 33351 CITY-ST-7tP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition BURSTON, MARY NAME 2.2 NAME - 6190 A LAUREL LANE STREET ADDRESS 2.3 STREET ADDRESS -TAMARAC FL 33319 CITY - ST - ZIP 2. 4 CITY - ST - ZIF TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 TREET ADDRESS CITY-ST-ZIP iTY-ST-ZiP TITLE DELETE LE Change ___ Addition NAME AME STREET ADDRESS REET ADDRESS CITY - ST - ZIP iy-St-ZIP DELETE TITLE Change THE Addition NAME IAME 5.2 STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE ☐ Change Addition NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I hereby certily that the Information supplied with this filing does not quality 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 attachment with an address.

SIGNATURE: STEPHEN STORY BE REGISTER

1-22-98 254561980

CR2E034 (10/97)