FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:05

DOCUMENT # **P93000067262 (4)**

1. Corporation Name
NORTH DIXIE PAWN, INC.

Principal Place of Business	Mailing Address
1935 NORTH DIXIE HWY. WEST PALM BEACH FL 33407	1935 NORTH DIXIE HWY. WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/22/1993
3a. Date of Last Report: 10/05/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 65-0450932 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KAVEKOS, PETE
1935 NORTH DIXIE HWY.
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent

81 Name: STEVENS, LORI
82 Street Address (P.O. Box Number is Not Acceptable): 1935 No. Dixie Hwy.
83 WEST PALM BEACH
84 City: FL 85 Zip Code: 33407

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. Each 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: Lori K. Stevens LORI K. STEVENS 5-18-95
(Signature, typed or printed name of registered agent and date, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	KAVEKOS, PETE	12 NAME	SARIDAKIS, EMMANOUIL	
STREET ADDRESS	7810 S. FLAGLER DR.	13 STREET ADDRESS	1400 VILLAGE BLVD A#712	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	14 CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE		21 TITLE	SECRETARY/TREASURER	☐ Change ☒ Addition
NAME		22 NAME	STEVENS, LORI	
STREET ADDRESS		23 STREET ADDRESS	1400 VILLAGE BLVD A#712	
CITY-ST-ZIP		24 CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME	REMITTED BY MAY 1	
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Lori K. Stevens LORI K. STEVENS 04/28/1995 (407)659-1004
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0244256 CP