

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Gwendolyn M. Mather
Secretary of State
1995

APPROVED

SECRET

SECRET

DOCUMENT # **P93000083989 (2)**

1. Corporation Name
THE BEST PAWN SHOP, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 9852 SOUTHERN BLVD. WEST PALM BEACH FL 33411	Main Address 9852 SOUTHERN BLVD. WEST PALM BEACH FL 33411
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2. Principal Place of Business 21	2a. Mailing Address 26
22 State Apt # etc	27 State Apt # etc
23 City & State	28 City & State
24	29
25	30

3. Date Incorporated or Qualified 12/08/1993	3a. Date of Last Report 08/15/1994
4. FEI Number 65-0454521	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for delinquency under § 199.021, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HRENO, GEORGE
211 PONCE DE LEON BLVD.
W. PALM BCH. FL 33411**

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	B5 Zip Code

11. Pursuant to the provisions of Sections 199.021 and 199.022, Florida Statutes, the above named corporation admits 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 Sections 199.021 and 199.022.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	HRENO, GEORGE
STREET ADDRESS	9852 SOUTHERN BLVD.
CITY, STATE	WEST PALM BEACH FL
TITLE	V
NAME	DESANTIS, MARY
STREET ADDRESS	14320 ALTOCEDRO DR.
CITY, STATE	DELRAY BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY, STATE		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY, STATE		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY, STATE		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY, STATE		

14. I, the undersigned, certify that the information contained in this filing is voluntarily furnished and that I am not a party to the proceedings stated in Section 199.021(1)(b), Florida Statutes. I further certify that the information contained in this filing is true and correct, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation for the purpose of business purposes covered by sections 199.021 and 199.022, Florida Statutes, and that my name appears on Block 12 of this filing. I do not expect to be an officer or director with an address.

SIGNATURE:

4-26-95 407-795-5778