

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000083989 (2)

1. Corporation Name

THE BEST PAWN SHOP, INC.



Principal Place of Business

9852 SOUTHERN BLVD.
WEST PALM BEACH FL 33411

Mailing Address

9852 SOUTHERN BLVD.
WEST PALM BEACH FL 33411

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1993

4. FEI Number

65-0454521

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 registering agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P
HRENO, GEORGE
9852 SOUTHERN BLVD.
WEST PALM BEACH FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V
DESANTIS, MARY
14320 ALTOCEDRO DR.
DELRAY BCH. FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V
LAURA BENSON

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

71 TITLE 72 NAME 73 STREET ADDRESS 74 CITY-ST-ZIP

81 TITLE 82 NAME 83 STREET ADDRESS 84 CITY-ST-ZIP

91 TITLE 92 NAME 93 STREET ADDRESS 94 CITY-ST-ZIP

101 TITLE 102 NAME 103 STREET ADDRESS 104 CITY-ST-ZIP

111 TITLE 112 NAME 113 STREET ADDRESS 114 CITY-ST-ZIP

121 TITLE 122 NAME 123 STREET ADDRESS 124 CITY-ST-ZIP

131 TITLE 132 NAME 133 STREET ADDRESS 134 CITY-ST-ZIP

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151 TITLE 152 NAME 153 STREET ADDRESS 154 CITY-ST-ZIP

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251 TITLE 252 NAME 253 STREET ADDRESS 254 CITY-ST-ZIP

261 TITLE 262 NAME 263 STREET ADDRESS 264 CITY-ST-ZIP

271 TITLE 272 NAME 273 STREET ADDRESS 274 CITY-ST-ZIP

281 TITLE 282 NAME 283 STREET ADDRESS 284 CITY-ST-ZIP

291 TITLE 292 NAME 293 STREET ADDRESS 294 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 George Hreno

George Hreno

4-22-98

816-785-5070

CR2E034 (10/97)