SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** P94000021618 (1) PLANTATION PAWN & JEWELRY, INC. Mailing Address Principal Place of Business 340 NORTH STATE ROAD 7 340 NORTH STATE ROAD 7 PLANTATION FL 33317 PLANTATION FL 33317 3a. Date of Last Report 3. Date Incorporated or Qualified 04/20/1995 03/17/1994 Applied for 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0507040 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt #, etc Fee Required 22 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees 28 Trust Fund Contribution 23 8. This corporation has liability for intangible tax under s 193 032 Florida Statutes Yes No Country $Z \cdot p$ Country Zip Yes No 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent DILALLO, ARIN J Street Address (P.O. Box Number is Not Acceptable) 340 NORTH STATE ROAD 7 PLANTATION FL 33317 83 Zip Code 85 City 84 FL 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 Floridal Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Critic Regulated Age trianglation required when more thing) Gradie Gradiaties dans presentation estate d'apple de ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 THUE TITLE CR2E034 1.2 NAME DILALLO, ARIN J. NAME 1.3 STREET ADDRESS 340 NORTH STATE ROAD 7 STREET ADDRESS 14 CITY ST-ZIP PLANTATION FL CITY - ST - ZIP Change Addition DELETE 2.1 THUE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ACCRESS 2 4 CITY - ST - ZIP CITY-ST-ZIF Change ____ Addition DELETE 3.1 TITLE THE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 1111.6 THILE 4 2 NAME NAME 4.3 STREE! ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE STRILLE THILE 5.2 NAM6 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHY-\$1-ZIF Change ____ Addition DELETE 61TTLF THLE NAME 6.3 STREET ADORESS STREET ADDRESS 6.4 CITY - \$1 - ZiP voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes I for supplemental annual report is true and accurate and that my signature shall have the same legal effect as it or or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and CHY-ST-ZIP 14. I do hereby certify that the information supplied with this flutther certify that the information indicated on this actual made under oath, that I am an office of oreclus of the corthat my name appears in Block 12 or Block 13 changed.

SIGNATURE: