

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000026797 (8)

1. Corporation Name

PRESIDENTIAL PAWN, INC.



Principal Place of Business

1333 N. WASHINGTON BLVD.  
UNIT D  
SARASOTA FL 34236

Mailing Address

1333 N. WASHINGTON BLVD.  
UNIT D  
SARASOTA FL 34236

3. Date Incorporated or Qualified  
04/01/1994

3a. Date of Last Report  
03/28/1995

2. Principal Place of Business

2a. Mailing Address

21 1616 N. WASHINGTON BLVD

26 1616 N. WASHINGTON BLVD

4. FEI Number  
65-0491832

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

City & State

23 SARASOTA, FL

28 SARASOTA, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip Country

Zip Country

24 34236

29 34236

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOACH, KRAIG H ESQ.  
240 N. WASHINGTON BLVD.  
SUITE 470  
SARASOTA FL 34236

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 type and print name of registered agent and the agent's address

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
D  
LECEWICZ, GREG  
1333 N. WASHINGTON BLVD., UNIT D  
SARASOTA FL 34236

☐ DELETE

TITLE  
NAME  
D  
TWAROWSKI, GREG  
1333 N. WASHINGTON BLVD., UNIT D  
SARASOTA FL 34236

☐ DELETE

TITLE  
NAME  
  
1333 N. WASHINGTON BLVD., UNIT D  
SARASOTA FL 34236

☐ DELETE

TITLE  
NAME  
  
1333 N. WASHINGTON BLVD., UNIT D  
SARASOTA FL 34236

☐ DELETE

TITLE  
NAME  
  
1333 N. WASHINGTON BLVD., UNIT D  
SARASOTA FL 34236

☐ DELETE

TITLE  
NAME  
  
1333 N. WASHINGTON BLVD., UNIT D  
SARASOTA FL 34236

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(k), 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:

GREG LECEWICZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-96

941-366-1441

Date

Daytime Phone #

CR2E034 (12/95)