

NOTICE: SERVICE CORPORATIONS WILL BE SUBJECT TO AN ANNUAL REPORT & STATE REPORT DUE 60 DAYS AFTER THE END OF THE FISCAL YEAR. FAILURE TO REPORT MAY BE PENALIZED. FAILURE TO REPORT MAY BE PENALIZED.

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000033810 (0)

1. Corporation Name

INSTANT TITLE PAWN, INC.

Principal Place of Business

**735 NW 22 AVE
MIAMI FL 33125**

Mailing Address

**735 NW 22 AVE
MIAMI FL 33125**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report

05/02/1994

4. FEI Number

65-0491043

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

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

Principal Place of Business

Suite, Apt. #, etc.

City & State

Country

Country

25

2a. Mailing Address

8601 Dunwoody Place

Suite, Apt. #, etc.

Suite 718

City & State

Atlanta, GA

Zip

30350

Country

USA

9. Name and Address of Current Registered Agent

CAPPS, GERALD N

735 NW 22 AVE

MIAMI FL 33125

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

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]

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSD**
NAME **CAPPS, GERALD N**
STREET ADDRESS **735 NW 22 AVE**
CITY - ST - ZIP **MIAMI FL 33125**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME **Rod Ayebo**
1.3 STREET ADDRESS **8601 Dunwoody Place - Suite 718**
1.4 CITY - ST - ZIP **Atlanta - GA 30350**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(3)(b), 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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-3-95 (401) 563-9840