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

PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT #

1. Corporation Name

P94000066013 (1)

ACTION PAWN, INC.

AOIR	JN PAWN, INC.							
Principal Place	of Business	М	ailing Address			- · - · · · I BUILDAL DIE IDILI UNDIL UND	DIN BONK BEKU QUUD I	1110 0 0 10 1 11 1000 (111 1 00)
88900 OVERSES HWY TAVERNIER FL 33070			89900 OVERSES HWY TAVERNIER FL 33070					
-		·				3. Date Incorporated or Qualified 09/02/1994	3a. Date of La 02/1	st Report 3/1995
2. Principal Place of Business			a. Mailing Address			4. FE) Number		Applied For
Suite, Apt. #, etc.		26	Suite, Apt. #, etc.		65-0516477		Not Applicable	
22		27	mag .		5. Certif-cate of Status Desired		.75 Additional ee Required	
City & State		1-1	City & State		6. Election Campaign Financing		5.00 May Be	
23		28	.]		Trust Fund Contribution		dded to Fees	
Zip	Country	ļ 	Zip	Countr	у	8. This corporation has liability for		er s. 199.032,
24	25 9. Name and Address of Currer	29	torod Amont	30			□ No	
	5. Haille and Address of Corre	ii negis	tereu Agerit	81	Name	10. Name and Address of New R	legistered Agent	
ARMAN	ITROUT, J.R.							
	UNCAN ST			82	Street A	ddress (P.O. Box Number is Not Acceptab	ile)	
	EST FL 33040			83	 			
				_		~ ·		
				84	City		FL 85	Zip Code
familiar with	o the provisions of Sections 607.0502 id agent, or both, in the State of Flori n, and accept the obligations of, Sect	da. Such	chadde was authord	zed by the com	named con poration's b	poration submits this statement for the pur oard of directors. Thereby accept the appo	pose of changing pintment as registi	its registered office bred agent. I am
SIGNATURE	Signature, typed or printed name of registereo agent	and tfl∈i*a	pplicable (N	O1E: Registrated Age	nt sandure no	med when renetating	DATE	
12.	OFFICERS AN			13.		ADDITIONS/CHANGES TO OFFE		OTORS IN 12
THTLE	D		☐ DELETE	1. 1 TITLE	T		☐ Char	*****
NAME	READMOND, JOHN			1.2 NAME				
STREET ADDRESS	188 PEARL AVE			1.3 STREE	LADDRESS			
CITY-ST-ZIP	TAVERNIER FL 33070			14 CITY-	ST- ZIP			
THILE	ARMANTROUT, MARK	beech			2 1 TOLE Change		ge 🔲 Addition	
NAME STREET ADDRESS	1503 DUNCAN ST			2.2 NAME				
STREET ADDRESS CITY-ST-ZIP	KEY WEST FL 33040			2 3 STREE				i
TITLE	D		DELETE	2 4 CITY - 1 3 1 TITLE	S1 - ZIP		[] Chan	no C Addition
NAME	ARMANTROUT, J.R.		_	3.2 NAME				ge 🔲 Addition
STREET ADDRESS	1503 DUNCAN ST				T ADDRESS			
CITY-ST-ZIP	KEY WEST FL 33040			3.4 CHY - 5				
TITLE			DELETE	4 ' TITLE			Chan	ge Addition
NAME				4.2 NAME			_	` _
STREET ADDRESS				4.3 \$1888	ADDRESS			
C(TY+ST+ZIP				4.4 CITY - S	T-ZIP			
TITLE			□ DELETE	5 1 TILLE			☐ Chan	ge 🔲 Addition
NAME				5.2 NAME				
STREET ADDRESS				53 STREET	ADDRESS			
CITY-ST-ZiP				54 CITY - S	I - 7IP			
TITLE			☐ DELETE	6 1 TITLE			Chan	ge 🔲 Addition
NAME CIGGO ADODOGO				6.2 NAME				
STREET ADORESS				6.3 STREET	1			ĺ
14. I do hereby	certify that the information supplied w	vith this fi	ling is voluntarily furn	6.4 CITY - S hished and doe	I-ZIP s not pualifi	for the exemption stated in Section 119.0	17/3\/k) Elorida Str	atutas I further

of the february certify that the information supplied with this filing is voluntarily furnished and does not qualfy 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 18 if chapter, or on an attachment with an address.

SIGNATURE:

MATERIA AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/96 (305)296 5364

CR2E034 (12/95)