

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90043 023 ***150.00

DOCUMENT # P94000068344

1. Corporation Name
CAPITAL PAWN, INC.

Principal Place of Business
2277 TAMiami TrL. E.
NAPLES FL 34112
US

Mailing Address
2277 TAMiami TrL. E.
NAPLES FL 34112
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/07/1994

4. FEI Number
65-0517637

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 4527 ARNOLD AVENUE

27 Suite, Apt. #, etc.

28 NAPLES, FL

29 34104 30 Country

9. Name and Address of Current Registered Agent

SAMS, THOMAS E
2277 TAMiami TrL. E.
NAPLES FL 34112

10. Name and Address of New Registered Agent

81 Name

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

83 4527 Arnold Avenue

84 City

FL

85 Zip Code

34104

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

Thomas E. Sams, President 3/10/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SAMS, THOMAS E
STREET ADDRESS 3891 11TH AVE SW
CITY-ST-ZIP NAPLES FL 34117

TITLE VD ☐ DELETE

NAME EGAN, KENNETH M
STREET ADDRESS 3891 11TH AVE SW
CITY-ST-ZIP NAPLES FL 34117

TITLE SD ☐ DELETE

NAME SAMS, LORRAINE M
STREET ADDRESS 3891 11TH AVE SW
CITY-ST-ZIP NAPLES FL 34117

TITLE D ☐ DELETE

NAME BROWN, JANINE F
STREET ADDRESS 3891 11TH AVE SW
CITY-ST-ZIP NAPLES FL 34117

TITLE TD ☐ DELETE

NAME BROWN, JOEL E.
STREET ADDRESS 3891 11TH AVE SW
CITY-ST-ZIP NAPLES FL 34117

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

Thomas E. Sams, President

Thomas E. Sams, President

Date

2/24/99

Daytime Phone #

(941) 659-1120

CR2E034 (1.1/98)

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