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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000081764 (0)

1. Corporation Name:

SCOOTER'S SPECIALTY PAWN, INC.



Principal Place of Business

414 ORANGE BLOSSOM TRAIL
ORLANDO FL 32805

Mailing Address

1594 ARROWHEAD TRAIL
ENTERPRISE FL 32725
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CHANEY, JOSEPH L
1594 ARROWHEAD TRAIL
ENTERPRISE FL 32725

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 607.1205, 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. Thereby, accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent

Signature of the person who is the registered agent

Date

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

[] DELETE

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

TITLE

1. TITLE

NAME

2. NAME

STREET ADDRESS

13. STREET ADDRESS

CITY- ST- ZIP

14. CITY- ST- ZIP

TITLE

3. TITLE

NAME

4. NAME

STREET ADDRESS

15. STREET ADDRESS

CITY- ST- ZIP

16. CITY- ST- ZIP

TITLE

5. TITLE

NAME

6. NAME

STREET ADDRESS

17. STREET ADDRESS

CITY- ST- ZIP

18. CITY- ST- ZIP

TITLE

7. TITLE

NAME

8. NAME

STREET ADDRESS

19. STREET ADDRESS

CITY- ST- ZIP

20. CITY- ST- ZIP

TITLE

9. TITLE

NAME

10. NAME

STREET ADDRESS

21. STREET ADDRESS

CITY- ST- ZIP

22. CITY- ST- ZIP

TITLE

11. TITLE

NAME

12. NAME

STREET ADDRESS

23. STREET ADDRESS

CITY- ST- ZIP

24. CITY- ST- ZIP

TITLE

13. TITLE

NAME

14. NAME

STREET ADDRESS

25. STREET ADDRESS

CITY- ST- ZIP

26. CITY- ST- ZIP

14. I do hereby certify that the information supplied on this annual report is true, correct, and does not qualify for the exemption stated in Section 119.07(4)(b), Florida Statutes. I further certify that the information indicated on this annual report is true, correct, and does not qualify for the exemption stated in Section 119.07(4)(b), Florida Statutes. I further certify that I am an officer or director of the corporation and that my signature shall have the same legal effect as if made under oath. If the corporation has changed its name, the name of the corporation shall be indicated on the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or remained the same.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Joe Chaney)

4/15/96

321-1359

CR2E034 (12/95)