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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

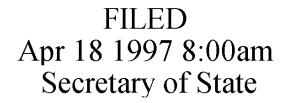
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000088070 (5)

KWIK CASH PAWN, INC.

Principal Place of Busin	Principa:	Piace c	f Business
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Principal Place of Business 3553 N STATE ROAD 7 HOLLYWOOD FL 33020		Mailing Address 3553 N STATE ROAD 7 HOLLYWOOD FL 33021-2105					
				3. Date incorporated or Qualified 3a. Date of Last Report 12/06/1994 06/17/1996			
2. Principal l	Place of Business	2a. Mailing Address			4. FEI Number	.1	Applied For
21		26			65-0542830		Not Applicat
Suite, Apt	t#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		8.75 Additional Fee Required
City & Sta	ate	City & State	· · · · · · · · · · · · · · · · · · ·		6. Election Campaign Financing		\$5.00 May Be
23		28			Trust Fund Contribution		Added to Fees
Zip	Country	Zip	Countr	У	8. This corporation has liability for i		
24	25	29	30		1	Yes 🔲 N	· · · · · · · · · · · · · · · · · · ·
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	pistered Age	ent
	TTACHIONE, FRANCES		81	Name			
	53 N. ST RD 7 NLLYWOOD FL 33021		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	
			83	3		······································	
			84	City		16	5 Zip Code
				. ,		FL	2.0000
SIGNATURE	Signature: typed or pouted name of registered ag OFFICERS AN	gent and title if applicable (N ND DIRECTORS	NOTE: Registered A		ired when reinstating) ADDITIONS/CHANGES TO OFFIC - UP - TR - SEC.	DATE ERS AND DI	RECTORS IN 12
PILE	D	DELETE	1.1 TITLE	TR	- UP- 1R- SEC.	1	Change Addit
NAMI.	MATTACHIONE, ROBERT	/(1.2 NAME	FL	LANCES MattAction 153 NSTRT FLud Fla 3302	€ ''	
STRELL ADDRESS	3553 N STATE ROAD 7		1.3 STREI	ET ADDRESS 35	TO3 NSTRT		
CITY - ST - 21P	HOLLYWOOD FL 33020		1.4 CITY-	ST-ZIP	flud Fla 3302	1	
TITLE		☐ DELETE	2.1 TITLE				Change Addit
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	ET ADDRESS			
City St. ZiP			2. 4 GITY	-\$T-Z)P			
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NAME			3.2 NAME				
STREET ADORESS			3.3 STREE	ET ADDRESS			
CHY-S1 200	1		3.4. CITY	- ST - ZiP			
THILE		☐ DELETE	4.1 TITLE				Change Addit
NAME			4.2 NAM	E			
STREET ADDRESS	:]		4.3 STRE	et adoress			
City+S1-709			4.4 CITY	-ST-ZIP			
भार		☐ DELETE	5.1 TITLE				Change
NAME:			5.2 NAME				
STREET ADDRESS	i -		5.3 STRE	ET ADDRESS			
Cilla - ST- ZIP			5.4 CITY-	-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE				Change
NAME			6.2 NAM	Ξ			
STREET ADDRESS	; [63STRE	ET ADDRESS			
CITY ST-74P			6.4 C(TY)	-ST-ZIP			

14. I do 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.