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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P95000005437 (5)

BARGAIN PAWN INC.



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Principal Place of B	usiness	Mailing Add	dress							
1799-1 NORTH STATE RD. 7 MARGATE FL 33063			1799-1 NORTH STATE RD. 7 MARGATE FL 33063							
								Fa. D	-flast Do	
						3. Date incorporated o 01/18/1995	r Qualified	3a. Date	of Last He	эроп
2. Principal Place	of Business	2a. Mailing	Address			4. FEI Number	-00			Applied For
1		26				65-0547	1278			Not Applicable Additional
Suite, Apt. #, et	c.		Apt. #, etc.			Certificate of Status	Desired			Required
		27 City & S	State			6. Election Campaign	Financing		\$5.00	May Be
City & State		28	Ottale			Trust Fund Contribu	ition			to Fees
Z _I p	Country	Zip		Coun	try	8. This corporation ha	s liability for in	ntangible ta	k under s	199.032,
}	25	29		30		Florida Statutes 10. Name and Addres	Yes		cent	
	Name and Address of Curre	ent Registered A	gent		nal Name	10. Name and Addres	S OI NEW IN	oğistorou i	gent	
]'	B1 Name					
FALCON,				ļ.	82 Street Add	iress (P.O. Box Number is N	ot Acceptabl	le)		
	113TH AVE.			-	83			· · ·-		
CORAL S	PRINGS FL 33071			[11	
				[1	84 City			FL	85 Z ₁	p Code
SIZE LATE INTO										
SIGNATURE Sign	ature typed or printed name of registered ag	gent and title if applicable.	(NC	TE: Registered	Agent signature requir	red when reinstating)		DATE	DIDEOT	NDO IN 40
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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 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 13 if changed, or on an ottage than the 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 ottage than the 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 ottage than the 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 ottage than the 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 ottage than the 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 ottage that the 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 ottage that the trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE: ___

SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Daytime Phone N