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

DOCUMENT # P95000022034

CITY-ST-ZIP

SIGNATURE!

NARANJA TRADING POST AND PAWN, INC.

Principal Place	of Business	Mailing Address				['"		******	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
26750 S. DIXIE		26750 S. DIXIE HIGHWAY								
NARANJA FL 33032		NARANJA FL 33032				DO NOT WRITE IN THIS SPACE				
						3. Date In	corporated or Qualife	d		
						03/16	3/1995			
2. Principal Pi	ace of Business	2a. Mailing Address			-	4. FEI Nu			Α	pplied For
21		26				65-05	68315			lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifoa	ate of Status Desired			Additional teguired
22		27				<u> </u>				
City & State		City & State				ſ	n Campaign Financing and Contribution	g 🗆		May Be
Zip Country		Zip Country				 	orporation owes the cu	rrent year Int		101000
24	25	29 3	_	,		1	nal Property Tax.	andin your	Yes	□No
24	9. Name and Address of Current		7		<u></u>	<u> </u>	and Address of New	Registered	Agent	
			8	1 Na	ame					j
	O STRENTA		2 St	reet Addres	es (P.O. Box	Number is Not Accep	ntable)			
*	1 S.W. 144 AVE.	. 3116			_	33 (1 .0. 00)				
PRIN	CETON FL 33032		3							
	•		8-	4 Ci	ty			FL	85 Zip	Code
		1007.4500.51.11.04-4.4.	45 15 - 2	<u> </u>		tion outbroit	to this statement for th		changing it	s registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	of Florida. Such change was auth	norized b	v the	mea corpor corporation	ration submit o's board of t	directors. I hereby acc	ept the appoi	ntment as	egistered
agent, I ar	n familiar with, and accept the obligat	ions of, Section 607.0505, Florid	la Statute	es.			,			Ì
SIGNATURE	Signature, typed or printed name of registered agent	and title if englishble (NOTE: D	ogistered An	ant eign	ature required y	when reinstation)		DATE		
12.	OFFICERS AN				and rodalisa i		ONS/CHANGES TO C		ID DIRECT	ORS IN 12
TITLE			11 TITLE						Change	Addition
NAME	STRENTA, VALDO		1.2 NAME							
STREET ADDRESS 24751 SW 144 AVENUE			1.3 STREET ADDRESS		RESS					ł
CITY-ST-ZIP	PRINCETON FL	_	1.4 CITY-ST-ZIP							
TITLE	P	☐ DELETE	2.1 TITLE						☐ Change	Addition
NAME	STRENTA, JEAN	4, JEAN		22 NAME						}
STREET ADDRESS	24751 S.W. 144 AVENUE		2.3 STREET ADDRESS		RESS					
CITY-ST-ZIP	PRINCETON FL		2. 4 CITY-ST-2		·					
TITLE	D DELETE		3.1 TITLE)				☐ Change	Addition
NAME	577.E1177, 1105E1170		3.2 NAME							
STREET ADDRESS			33 STRE		1					
CITY-ST-ZIP			3.4. CITY		<u> </u>				Chara	Addition
TITLE		☐ DELETE	4,1 TITLE		[☐ Change	, CAMOUNUN
NAME			4. 2 NAM							
STREET ADDRESS				4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY-	4.4 CITY-ST-ZIP					Change	Addition
TITLE			5.1 IIILE 5.2 NAME						_ 2,94	
NAME			5.3 STRE		RESS					
STREET ADDRESS			5.4 CITY-		i					
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE						☐ Change	Addition
NAME			6.2 NAME	E	-					
STREET ADDRESS			6.3 STRE	ET ADO	RESS					

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.

6.4 CITY-ST-ZIP

FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90223 008 ***150.00