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

Mar 10, 1999 8:00 am Secretary of State

Applied For
Not Applicable
\$8.75 Additional
Fee Required

\$5.00 May Be

03-10-1999 90181 009 ***150.00

DO NOT WRITE IN THIS SPACE

FILED

DOCUMENT # P9500028787

1. Corporation Name AFFORDABLE PAWN, INC.	I, INC.		
Principal Place of Business	Mailing Address	_	
5150 VACARO AVENUE COCOA FL 32926	5150 VACARO AVENUE COCOA FL 32926		
2. Principal Place of Business	2a. Mailing Address		
21 EOCOA FL 33926			

Principal Place of Business	2a. Mailing Address	4. FEI Number
3935 N. U.S. 1926	26	<u>59-3303607</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Des
City & State CDCOA FL	City & State	-6. Election Campaign, Fina Trust Fund Contribution
Zip Country 30926 25 USA	Zip Country	This corporation owes t Personal Property Tax.

9. Name and Address of Current Registered Agent
HANCOCK, LEO E JR.
5150 VACARO AVENUE
COCOA FL 32926

	Trust Fund Contribution				
ntry	This corporation owes the current year Personal Property Tax.	ır Inta	ngible Ye		
	10. Name and Address of New Registe	red /	\gent		
81	Name				
82	Street Address (P.O. Box Number is Not Acceptable)				
83		_			
84	City		85	Zip Code	

3. Date Incorporated or Qualifed

04/07/1995

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.

ayem. i a	itt falltillar vitti, alle aboopt tile obligatione of, boolies of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE:	Registered Agent signature required	d when reinstating) DA	TE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	RS IN 12
TITLE		DELETE	1,1 TITLE		Change	Addition
NAME	HANCOCK, LEO E		1.2 NAME	1		
STREET ADDRESS			1.3 STREET ADDRESS			
	COCOA FL 32926		1.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE	COCOA FL 32920	DELETE	2.1 TITLE		Change	Additio
			2.2 NAME			
NAME			2.3 STREET ADDRESS			
STREET ADDRESS			2.4 CITY-ST-ZIP			
CITY-ST-ZIP] DELETE	3.1 TITLE		Change	Additio
TITLE	}	JULLETIC	3.2 NAME		~ -	_
NAME						
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		[7] Change	Additio
TITLE	L] DECE LE	4.1 TITLE		(_1 onange	
NAME			4. 2 NAME			
STREET ADDRESS			4 3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change	☐ Additio
NAME			5.2 NAME			
STREET ADDRESS	;		5 3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			63 STREET ADDRESS			
CITY ST ZID			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 suppliemental 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 of 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, by on an attachment with an address, with all other like empowered.

SIGNATURE: (25 4 CEO

EO E HANCOCK, JR. 3/4/99 407-638-0555

CR2E034 (11//