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 01, 1999 8:00 am **Secretary of State**

03-01-1999 90246 022 ***150.00

FILED

DOCUMENT # P95000066482

ABC PAWN & GUNLINC **多出版的**。 Mailing Address Principal Place of Business 206 NE 9 STREET 206 NE 9 STREET OCALA FL 34479 34470 OCALA FL 34479 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/24/1995 Applied For 4, FEI Number 2. Principal Place of Business 2a. Mailing Address 59-3321360 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible ☐ Yes 30 Personal Property Tax. 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ISICOFF, IRVING Street Address (P.O. Box Number is Not Acceptable) 206 NE 9 STREET **OCALA FL 34479** 83 Zip Code 84 City 85 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE ISICOFF, IRVING 1.2 NAME NAME 206 NE 9 STREET 1.3 STREET ADDRESS STREET ADDRESS OCALA FL 34479 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 2.1 TITLE ☐ Change TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4, CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 4.1 TITLE TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS

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 innual 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 trastee employeed 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 any attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADORESS

61 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

□ DELETE

☐ Change

☐ Addition