

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

FILED

Apr 17 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000029676 (9)**

1. Corporation Name  
**E-Z CASH PAWN INC.**



Principal Place of Business <b>1516 LEONID ROAD JACKSONVILLE FL 32218</b>	Mailing Address <b>1516 LEONID ROAD JACKSONVILLE FL 32218-4726</b>
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2. Principal Place of Business 21 <b>Jacksonville</b> Suite, Apt. #, etc. 22 <b>1516 Leonid Rd.</b> City & State 23 <b>JAX, FLA.</b> Zip 24 <b>32218</b>		2a. Mailing Address 26 <b>1516 Leonid Rd.</b> Suite, Apt. #, etc. 27 City & State 28 <b>JAX FLA.</b> Zip 29 <b>32218</b> Country 30 <b>U.S.</b>		3. Date Incorporated or Qualified <b>04/04/1996</b>	3a. Date of Last Report
				4. FEI Number <b>59-3392392</b>	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>WEAVER, PATSY 5543 19TH STREET ZEPHYRHILLS FL 33540</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code <b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P WEAVER, PATSY</b>	1.2 NAME	
STREET ADDRESS	<b>5543 19TH STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL 33540</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V WEAVER, PAUL</b>	2.2 NAME	
STREET ADDRESS	<b>5543 19TH STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL 33540</b>	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D FANNING, KEN</b>	3.2 NAME	
STREET ADDRESS	<b>RT 24 BOX 126</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BALDWIN FL 32234</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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.

SIGNATURE:

*Patsy Weaver*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/97  
Date

696-1999  
Daytime Phone #

CP2E034 (9/96)