

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

FILED

Feb 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000054415 (0)

1. Corporation Name
JM CASH & PAWN CORP.

Principal Place of Business
**10090 NORTHWEST 27 AVENUE
MIAMI FL 33147**

Mailing Address
**10090 NORTHWEST 27 AVENUE
MIAMI FL 33147-1757**



2. Principal Place of Business 21 J.M. CASH & PAWN Suite, Apt. #, etc. 22 10090 NW 27 Ave City & State 23 MIAMI, FL Zip 24 33147 Country 25 USA		2a. Mailing Address 26 10090 NW 27 Ave Suite, Apt. #, etc. 27 MIAMI, FL City & State 28 MIAMI, FL Zip 29 33147 Country 30 USA		3. Date Incorporated or Qualified 06/26/1996	3a. Date of Last Report 1-30-97
4. FEI Number 05-0674874		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 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
~~AMERILAWYER CHARTERED~~
~~343 ALMENDRA AVENUE~~
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent
81 Name **JUNE MALDEN**
82 Street Address (P.O. Box Number is Not Acceptable) **100 PALMETTO DRIVE**
83
84 City **MIAMI SPRINGS FL** **85 Zip Code** **33166**

11. Pursuant to the provisions of Sections 607.0503 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 **JUNE MALDEN** DATE **1-30-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALDEN, JUNE	1.2 NAME	
STREET ADDRESS	10090 NORTHWEST 27 AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEACHAM, JEANNE	2.2 NAME	
STREET ADDRESS	10090 NORTHWEST 27 AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		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		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: **JUNE MALDEN** DATE: **1-30-97**

CR2E034 (9/96)