

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

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**

3. Date Incorporated or Qualified: **06/26/1996**
3a. Date of Last Report: **FRSA**
4. FEI Number: **65-0674874**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **J.M. CASH & PAWN**
2a. Mailing Address: **10090 NW 27 Ave**
22. Suite, Apt. #, etc.: **007, room**
23. City & State: **FA**
24. Zip: **33147**
25. Country: **DA d**
29. Zip: **33147**
30. Country: **DA d**

9. Name and Address of Current Registered Agent
~~AMER LAWYER CHARTERED
343 ALMERA 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* **JUNE MALDEN** DATE: **6-30-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	MALDEN, JUNE	
STREET ADDRESS	10090 NORTHWEST 27 AVENUE	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MEACHAM, JEANNE	
STREET ADDRESS	10090 NORTHWEST 27 AVENUE	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 or changed, or on an attachment, with an address.
SIGNATURE: *June Malden* **JUNE MALDEN** DATE: **6-30-97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)