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**

DOCUMENT # P9600063616

WORLDWIDE PAWN AND JEWELRY, INC.

Principal	Place of	Business

Mailing Address

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90212 005 ***150.00



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3309 EDGEWATER DRIVE 3107 EDGEWATER DRIVE #7 ORLANDO FL 32804 ORLANDO FL 32804 US				DO NOT WRITE IN THIS SPACE				
U.S						3. Date Incorporated or Qualifed 07/30/1996		
2. Principal Pl	ace of Business	2a. Mailing Address	- 1			4. FEI Number	A	pplied For
21 00 10	f husiness	26 2725 N. Ora	me Blo	ssom T	rail	59-3393851	N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired		Additional equired	
City & State 23 28 Or ando, FC				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees		
Zip	Country 25	Zip 72804	30 Cou	USA		This corporation owes the current year Personal Property Tax.	☐ Yes	™ No
1	9. Name and Address of Current I	Registered Agent				10. Name and Address of New Registe	red Agent	
				81 Na	me			
FINCH, PHILLIP R 201 E. PINE STREET #1200			82 Street Address (P.O. Box Number is Not Acceptable)					
ORLANDO FL 32801			83					
				84 Cit	•		 [_]	Code
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida, Such change was	s autnonzed	i ov ine c	ned corpo corporatio	oration submits this statement for the purposin's board of directors. I hereby accept the a	e of changing it ppointment as r	s registered egistered
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NC	TE: Registered	Agent signa	ture required	when reinstating) DATE		
12.	. OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	Р	☐ DELETE	. 1.1 Ti	n.E		,	Change	☐ Addition
NAME	BEARDSLEY, BEVERLY		1.2 N	ME		· · · · · ·	,	-
STREET ADDRESS	3107 EDGEWATER DRIVE #7		1.3 \$1	REET ADDR	ESS 27	25 N. Orange Blosson Trai	/	
CITY-ST-ZIP	ORLANDO FL 32804		1.4 CI	TY-ST-ZIP		,		
TITLE		☐ DELETE	2.1 TI	TLE			☐ Change	☐ Addition
NAME			2.2 N	ME	ļ			1
STREET ADDRESS			235	REET ADOR	ESS			
CITY-ST-ZIP	<u>.</u>	- ·	1	TY-ST-ZIP	i			
TITLE		☐ DELETE	3.1 TI				☐ Change	☐ Addition
		— ·	3.2 N					
NAME				REET ADDR	ESS			
STREET ADDRESS				TY-ST-ZIP				
CITY-ST-ZIP		☐ DELETE	4,1 TI				Change	Addition
TITLE			4.1 II					
NAME		•						
STREET ADDRESS				REET ADDR	ESS			Ì
CITY-ST-ZIP				TY-ST-ZIP			☐ Change	□ Addition
TITLE		☐ DELETE	5.1 TT				☐ change	☐ Addition
NAME			5.2 N					į
STREET ADDRESS				REET ADDR	ESS			ļ
CITY-ST-ZIP				TY-ST-ZIP				
TITLE		☐ DELE TE	6.1 Ti	TLE			Change	☐ Addition
NAME			6.2 N	ME		•		
STREET ADDRESS			6.3 \$	REET ADDR	RESS			
OTTICET ADDRESS		•	640	TV. ST. 7ID				

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 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 chapted, or on an attachment with appenderss, with all other like empowered.

SIGNATURE: