


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000102552 (2)**

1. Corporation Name
PAWN MAX, INC.



Principal Place of Business 701 BRICKELL AVE. STE 3000 MIAMI FL 33131	Mailing Address 701 BRICKELL AVE. STE 3000 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/20/1996	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 74-2804226	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 602 S State Rd 7 Suite, Apt. #, etc.	2a. Mailing Address 26 602 S. State Rd 7 Suite, Apt. #, etc.
22 City & State 23 Margate FL	27 City & State 28 Margate FL
24 Zip 33068 25 Country USA	29 Zip 33068 30 Country USA

9. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE. STE 3000 MIAMI FL 33131	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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)		DATE _____	
12. OFFICERS AND DIRECTORS					
TITLE	CEO	<input checked="" type="checkbox"/> DELETE			
NAME	WHITEHEAD, JERRY D				
STREET ADDRESS	6012 LANARANJA LANE				
CITY-ST-ZIP	AUSTIN TX				
TITLE	PS	<input checked="" type="checkbox"/> DELETE			
NAME	POLK, ADRIAN				
STREET ADDRESS	2832 HWY 324				
CITY-ST-ZIP	BUFORD GA				
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					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	DCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	Jerry D. Whitehead				
1.3 STREET ADDRESS	602 South State Road 7				
1.4 CITY-ST-ZIP	Margate, FL 33068				
2.1 TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	Adrian Polk				
2.3 STREET ADDRESS	602 South State Road 7				
2.4 CITY-ST-ZIP	Margate, FL 33069				
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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:  SIGNATURE REQUIRED 8/20/98 954.969.8010

CR2E034 (5/98)