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 # P97000024713

CHOICE PAWN AND JEWELRY, INC.

Principal Place of Business

Mailing Address

2387 HIGHWAY 98 WEST MARY ESTHER FL 32569 2387 HIGHWAY 98 WEST MARY ESTHER FL 32569

FILED Feb 11, 1999 8:00am Secretary of State

02-11-1999 90001 001 ***150.00



DO NOT WRITE IN THIS SPACE

							e Incorporated or Qualifed				
2 Principal D	tace of Business	2a. Mailing Address					/13/1997		· - T T A = -	-1:1 F	
 1	lace of business	26				1	4. FEI Number			plied For	
Suite, Apt.	# atc	Suite, Apt. #, etc.				39	3439691		\$8.75 A	t Applicable	
22	m, oto.	27	¬ '' '				tifcate of Status Desired		Fee Re		
City & State City & S			& State				No. Combailes Financiae			·	
23	•	28					6. Election Campaign Financing S5.00 May Be Added to Fees				
Zip	Country Zip			intry			8. This corporation owes the current year Intangible				
24	25 29			30			Personal Property Tax.				
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent				
				81	Name				\$1(
SCH	1	*									
7985	• •	82 Street Addr			dress (P.O. Box Number is Not Acceptable)						
NAVA	ARRE FL 32566			83				\$10 -315 1 S	1 1 9 7 40 1 114	18 18 18 V	
•	t	*				11	物品性制料。	制制建设			
• •	- f			84	City	175	13 19 12 12 12 13 13 13 13 13 13 13 13 13 13 13 13 13		. 85 Zip C	ode	
41: Different	to the provisions of Sections 607.0502	and:607 1508 Florida Sta	tutes the a	bove	-named co	rnoration cub	mite this statement for the s	umose of	changing its	ragistared	
office or re	egistered agent, or both, in the State of	Florida. Such change was	s authorized	d by t	he corpora	ation's board	of directors. I hereby accept	t the appoi	ntment as rec	istered	
agent. I ar	m familiar with, and accept the obligation	ons of, Section 607.0505.	Florida Stat	utes.							
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable (NC	TE- Perietered	Anent	eionature regui	uired when reinstati	ing	DATE]	
12.	OFFICERS AND		13.	- Agoin	agnaturo requ		TIONS/CHANGES TO OFF		D DIRECTO	RS IN 12	
TITLE	PD	☐ DELETE	1.1 ΤΙ	TLE					Change	Addition	
NAME	SCHOENER, CHARLES J III		1.2 N	4ME					_ ·	_	
STREET ADDRESS	7985 WILLIAMS CREEK COURT			1.3 STREET ADDRESS							
-	MARY ESTHER FL 32566			1.4 CITY-ST-ZIP							
CITY-ST-ZIP TITLE	STD	DELETE	2.1 TI		-211	<u> </u>	F (1)		[] Change	Addition	
NAME	SCHOENER, PAMELA R		2.2 N		.						
			2.3 STREET ADDRESS		89	59:33 S - N					
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CITY-ST-ZIP TITLE				TLE	- ZIF				Change	Addition	
			3.2 NA						Land Smallings		
NAME					ADDRESS					ļ	
STREET ADDRESS			` `	TY-ST	1		•			:	
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NAME			1		ADDRISS		一月 经	1 188 85 4	,	}	
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TITLE		I''I NETELE	6.2 N)'		•		Change	Addition	
NAME					ADDRESS \		•				
STREET ADDRESS			1		1	(1.7)	• • •				
CITY-ST-ZIP			6.4 C	ITY-ST	I-ZIP	1				Ţ	

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 signatus 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 requed by Chapter 607, Florida Statutes; and that my name appears the Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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