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 # P97000033970

HILLSBOROUGH GOLD & PAWN INC.

Principal Place of Business 3115 W HILLSBOROUGH AVE TAMPA FL 33614

CITY-ST-ZIP

Mailing Address

3115 W HILLSBOROUGH AVE TAMPA FL 33614

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90283 003 ***150.00



DO NOT WRITE IN THIS SPACE

					04/14/1997			
2. Principal P	lace of Business .	2a. Mailing Address			4. FEI Number	A	pplied For	
21 3016		26 3016 W Hil	Isb	orough	59-3438502	N	lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional lequired	
City & State 23 Campa FL 28 Tampa FL					6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip	Country 25	29 33614 30 CC	ountry		This corporation owes the current year Intangi Personal Property Tax.	ble Yes	□No	
24 330	9. Name and Address of Current	1	\top		10. Name and Address of New Registered Age	nt		
		-	81	Name				
ROCAMORA, ANTONIO 3115 W HILLSBOROUGH AVE TAMPA FL 33614				82 Street Address (P.O. Box Number is Not Acceptable)				
							84	City
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was authoriz	ed by t	-named corp he corporati	poration submits this statement for the purpose of chation's board of directors. I hereby accept the appointment	nging it ent as r	s registered egistered	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Register	ed Agent	signature require	red when reinstating) DATE		[
12.	OFFICERS AND		3.		ADDITIONS/CHANGES TO OFFICERS AND D	IRECT	ORS IN 12	
TITLE	D		TITLE	0) ") "	Change	☐ Addition	
NAME	ROCAMORA, ANTONIO	12	NAME	⊢ R	Rocamora, Antorno		l	
STREET ADDRESS	3115 W HILLSBOROUGH AVE	1.3	STREET	ADDRESS 3	3016 W. Hillsborwsh Ave.		}	
CITY-ST-ZIP	TAMPA FL 33614		CITY-ST-	.ZIP	Tampa FL 33614			
TITLE			TITLE			Change	Addition	
NAME		2.2	NAME				İ	
STREET ADDRESS		2.3	STREET	ADDRESS			}	
CITY-ST-ZIP	•		CITY-ST	•			, +-	
TITLE			TITLE			Change	Addition	
NAME		3.2	NAME					
STREET ADDRESS		3.3	STREET	ADDRESS				
CITY-ST-ZIP		3.4	. CITY-ST	-ZIP				
TITLE		☐ DELETE 4.1	TITLE			Change	Addition	
NAME		4.2	NAME					
STREET ADDRESS		4.3	STREET	ADDRESS				
CITY-ST-ZIP			CITY-ST	- ZIP				
TITLE		- ! •	TITLE		,) Change	e	
NAME			NAME					
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			CITY-ST	-ZIP				
TITLE		_ occere	TITLE) Change	Addition	
NAME		6.2	NAME				ĺ	
STREET ADDRESS		6.3	STREET	ADDRESS				
CITY-ST-ZIP		6.4	CITY-ST	-ZIP				

Thereby 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, with all other like empowered.