

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).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 01 1998 8:00am
Secretary of State

DOCUMENT # P97000084584 (6)

1. Corporation Name

PAWNBROKERS BUSINESS INSURANCE SYSTEMS OF FLORIDA, INC.



Principal Place of Business

1671 AVALON BLVD
CASSELBERRY FL 32707

Mailing Address

1671 AVALON BLVD
CASSELBERRY FL 32707
P.O. Box 180861
Casselberry, FL 32718-0861

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1997

4. FEI Number

59-3473710

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

32718-0861

30

Seminole

9. Name and Address of Current Registered Agent

POHL, FRANK L
280 W CANTON AVE, SUITE 410
WINTER PARK FL 32789

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

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

D

☐ DELETE

NAME

ZEE, BARBARA E
1671 AVALON BLVD
CASSELBERRY FL 32707

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

CLIFFORD, DAVID R
1671 AVALON BLVD
CASSELBERRY FL 32707

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☒ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

800002631608
-09/04/98--01001--030
***150.00

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 changed, or on an attachment with an address.

SIGNATURE

Sandra B. Mortham, Secretary of State, 09/01/98 (212) 691-1200

CR2E034 (5/98)



PBIS INC.

of Florida
1671 Avalon Blvd.
P.O. Box 180861
Casselberry,
Florida 32718

Barbara Zee
Exclusive Representative

Tel: 888-696-1301
Local: 407-696-1300
Fax: 407-695-8929
pawmbusins@earthlink.net

Corporate Office
2999 North 44th Street
Concord Suite 300
Phoenix, Arizona 85018

Tel: 800-546-7296
Local: 602-840-4570
Fax: 602-840-4812
pawmbusins@earthlink.net

(2)

August 20, 1998

Division of Corporations
Florida Dept of State
P.O. Box 6327
Tallahassee, Florida 32314

Subject: Return of Check and Paperwork
Letter # 898A00042659, Ref # P97000084584

The office received a "2nd Notice" on July 8, 1998. I called the Division of Corporations and spoke with Ms. Carol Anderson. I explained that we had never gotten a "1st Notice" and for that reason had not sent the payment.

Ms. Anderson told me that the Division had been getting many calls with the same message. The Division believes that a complete sack of mail must have disappeared and was not delivered.

She told me to write a note to that effect and send the \$150.00 amount. I did this and attached it to the check. It all came back today... except for the note. Now I've been advised to resend everything with this note because the first note probably got separated from the check and form.

Sincerely,

Barbara Zee, President