## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000086855 (8)

**FILED** Jan 23 1998 8:00am Secretary of State

| KEAL  | DEAL JEWELHY & PAWN                              | , INU,                |                   |                                |                 |  |  |          |
|---|--|-----------------------|-------------------|--------------------------------|-----------------|--|--|----------|
| Principal Plan                                      | e of Business                                    | Mailing Add           | dress             |                                |                 |  | 1891  1818   1818   1818   1818   1818   1818   1818   1818   1818   1818   1818   |          |
| 2510 NORTH ROOSEVELT BLVD 2510 NORTH ROOSEVELT      |  |                       |                   |                                |                 |  |  |          |
| KEY WEST FL 33040 KEY WEST FL 33040                 |  |                       |                   | OLYU                           |                 |  |  |          |
|   |  |                       |                   |                                |                 | ļ  | DO NOT WRITE IN THIS SPACE   | _        |
|   |  |                       |                   |                                |                 |  | 3, Date Incorporated or Qualified  |          |
|   | No. of Decision                                  | 14.95                 | <u> </u>          |                                |                 |  | 10/08/1997   | 4        |
|   | Place of Business                                | <b>2a.</b> Mailing    | Address           |                                |                 | -  | 4. FEI Number Applied For  | $\dashv$ |
| 21   26   Suite, Apt. #, etc.   Suite, Apt. #, etc. |  |                       |                   | <del></del>                    |                 |  | 65-0785541 Not Applicable  | 4        |
| 22 27   |  |                       |                   |                                |                 |  | 5. Certificate of Status Desired See Regulred  |          |
| City & Stat   | 6  | City & S              | late              | ·                              |                 |  | 6. Election Campaign Financing \$5.00 May Be   | $\dashv$ |
| 23  |  | 28                    |                   |                                |                 |  | Trust Fund Contribution Added to Fees  |          |
| Zip   | Country Zip                                      |                       |                   | Country                        |                 |  | 8, This corporation owes or has paid the current year Intangible   | ┪        |
| 24  | 25 29 30   |                       | J                 |                                | f               | Personal Property Tax due June 30. X Yes No      |  |          |
|   | 9. Name and Address of Curr                      | ent Registered Ag     | ent               |                                |                 |  | 10. Name and Address of New Registered Agent   |          |
| A   | MERILAWYER                                       |                       |                   | 81                             | Name            | ;  |  |          |
|   | 43 ALMERIA AVENUE                                |                       |                   | 82                             | Street          | Addres   | ss (P.O. Box Number is Not Acceptable)   | $\dashv$ |
|   | ORAL GABLES FL 33134                             |                       |                   |                                | 0001            | 7100100  | Strong dox remove to recognize the strong down to t |          |
|   |  |                       |                   | 63                             | I               |  |  | 7        |
|   |  |                       |                   | 84                             | City            |  | B5 Zip Code  |          |
|   |  |                       |                   |                                |                 |  | FL   | ١        |
| 11, Pursuant  | to the provisions of Sections 607.05             | 002 and 607.1508,     | Florida Statutes, | the above                      | e-named         | d corpor   | ration submits this statement for the purpose of changing its registered<br>n's board of directors. I hereby accept the appointment as registered  | 7        |
| agent. La   | im familiar with, and accept the obli            | gations of, Section   | 607.0505, Florid  | da Statute                     | y ine coi<br>S. | i poi audi                                       | ins board or directors. Thereby accept the appointment as registered   | -        |
| SIGNATURE   |  |                       |                   |                                |                 |  |  | 1        |
|   | Signature, typed or printed name of registered a |                       | (NOTE: R          |                                | nulsingia Ine   | re required                                      | when reinstating) DATE   | - 6      |
| 12.   | PSTD OFFICERS A                                  | ND DIRECTORS          | DELETE            | 13.                            |                 | 1  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition   | {        |
| l   | LEONARD, NYDIA C                                 | ·                     | DECETE            | 1.1 TITLE                      |                 | 1  | Change C Auditor   | 3        |
| NAME  | ARIA MADELLA DA CARRIERA E DI LIN                |                       |                   | 1.2 NAME<br>1.3 STREET ADDRESS |                 |  |  | 3        |
| STREET ADDRESS                                      | KEY WEST FL 33040                                | BLVU                  |                   | •                              |                 | 1  |  | - Li     |
| CITY-ST-ZIP<br>TITLE                                | KET WEST FL 33040                                | T                     | DELETE            | 1.4 CITY - S<br>2.1 TITLE      | I - ZIP         | <del> </del>                                     | Change Addition  | 45       |
| NAME  |  |                       | DELETE            | 2.2 NAME                       |                 |  | Citality L. Robitto  | 1        |
| STREET ADDRESS                                      |  |                       |                   | 2.3 STREET                     | ADDDCCC         |  |  | ł        |
|   |  |                       |                   |                                |                 |  |  | -        |
| CITY-ST-ZIP   |  | <b>-</b>              | DELETE            | 2.4 CITY-1                     | 51-21°.         | ╁┈──   | Change Addition  | Η.       |
| NAME  |  | •                     |                   | 3.2 NAME                       |                 |  |  |          |
| STREET ADDRESS                                      |  |                       |                   | 3.3 STREET                     | ADDRESS         |  |  |          |
| CITY-ST-ZIP   |  |                       |                   | 3.4. CITY - 5                  |                 | 1  |  | 1        |
| TITLE   |  | [                     | DELETE            | 41 TITLE                       | 21.511          | <del>                                     </del> | Change Addition  |          |
| NAME  |  | -                     |                   | 4.2 NAME                       |                 |  |  | 1        |
| STREET ADDRESS                                      |  |                       |                   | 4.3 STREET                     | ADDRESS         |  |  | 1        |
| CITY-ST-ZIP   |  |                       |                   | 4.4 CITY - S                   |                 |  |  |          |
| TITLE   |  |                       | DELETE            | 5.1 TITLE                      | LN              | <del> </del>                                     | Change Addition  | Ħ.       |
| NAME  |  |                       |                   | 5.2 NAME                       |                 |  |  |          |
| STREET ADDRESS                                      |  |                       |                   | 5.3 STREET                     | ADDRESS         |  |  |          |
| CITY-ST-ZIP   |  |                       |                   | 5.4 CITY-S                     |                 |  |  | 1        |
| TITLE   |  |                       | DELETE            | 6.1 TITLE                      | . 211           | <del> </del>                                     | ☐ Change ☐ Addition  | 1        |
| NAME  | · ·  |                       |                   | 6.2 NAME                       |                 |  | <u> </u>   |          |
| STREET ADDRESS                                      |  |                       |                   | 6.3 STREET                     | ADDRESS         |  |  |          |
| CITY-ST-ZIP   |  |                       |                   | 6.4 CITY - S                   |                 |  |  |          |
|   | certify that the information supplied            | with this filing does | not qualify for t |                                |                 | ed in Se   | ection 119.07(3)(i). Florida Statutes, I further certify that the information  | 1        |

Indicated on this annual report or supplies with this ming does not quality for the exemption stated in Section 119.07(3)(i), Florida Statules. First for certify that the information indicated on this annual report or suppliemental 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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Muchin C formack

MUNCA C. / ROMARD

1-15-98

305-294-8010