

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000095903 1. Corporation Name PURPLE PAWN, INC			
Principal Place of Business 625 NORTH STATE ROAD 7 HOLLYWOOD, FL 33021		Mailing Address 4801 N. UNIVERSITY DRIVE SUITE 433 CORAL SPRINGS FL 33067 US	
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country		2a. Mailing Address 25. Suite, Apt. #, etc. 26. City & State 27. Zip 28. Country	
9. Name and Address of Current Registered Agent BENJAMIN, HAROLD 6208 PEMBROKE ROAD MIRAMAR, FL 33023			
10. Name and Address of New Registered Agent 31. Name 32. Street Address (P.O. Box Number is Not Acceptable) 33. 34. City 35. State 36. Zip Code			
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 of person in printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE			
12. OFFICERS AND DIRECTORS 12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-STATE-ZIP 12.5 TITLE 12.6 NAME 12.7 STREET ADDRESS 12.8 CITY-STATE-ZIP 12.9 TITLE 12.10 NAME 12.11 STREET ADDRESS 12.12 CITY-STATE-ZIP 12.13 TITLE 12.14 NAME 12.15 STREET ADDRESS 12.16 CITY-STATE-ZIP 12.17 TITLE 12.18 NAME 12.19 STREET ADDRESS 12.20 CITY-STATE-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-STATE-ZIP 13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-STATE-ZIP 13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-STATE-ZIP 13.13 TITLE 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-STATE-ZIP 13.17 TITLE 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY-STATE-ZIP	
14. I hereby certify that the information submitted 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 supplementary 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; and that I am authorized 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: <i>Harold Benjamin</i> 5/18/98 981 344 2400 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #			

CR0034 (10/97)