

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

FILED

**Feb 25 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # P97000098129 (4)
1. Corporation Name
LANTANA PAWN, INC.



Principal Place of Business 1511 LEE COURT LAKE WORTH FL 33461	Mailing Address 1511 LEE COURT LAKE WORTH FL 33461
------------------------------------------------------------------------------	------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Lantana Pawn, Inc.		2a. Mailing Address 26 Lantana Pawn, Inc.		3. Date Incorporated or Qualified 11/17/1997	
Suite, Apt. #, etc. 22 310-A Dixie Hwy		Suite, Apt. #, etc. 27 310-A Dixie Hwy		4. FEI Number 65-0796173	
City & State 23 Lantana, FL		City & State 28 Lantana, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33462		Zip 29 33462		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 USA		Country 30 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ALVAROE, JOHN 3191 S MILITARY TRAIL LAKE WORTH FL 33463				10. Name and Address of New Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HICKMAN, KEVIN		1.2 NAME Hickman, Kevin	
STREET ADDRESS 1511 LEE COURT		1.3 STREET ADDRESS 1511 Lee Court	
CITY-ST-ZIP LAKE WORTH FL 33461		1.4 CITY-ST-ZIP Lake Worth, FL 33461	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE Vice Pres., Sec/Tres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HICKMAN, TRACY		2.2 NAME Hickman, Tracy	
STREET ADDRESS 1511 LEE COURT		2.3 STREET ADDRESS 1511 Lee Court	
CITY-ST-ZIP LAKE WORTH FL 33461		2.4 CITY-ST-ZIP Lake Worth, FL 33461	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE: _____ 02-16-98 (561) 533-1440

CR2E034 (10/97)