## 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 # P97000103560 (3)

**READY CASH PAWN, INC.** 

Principal Place of Business

Mailmo Address

## **FILED** May 01 1998 8:00am Secretary of State



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1912 HOLLYWOOD BLVD HOLLYWOOD FL 33020		1912 HOLLYWOOD BLVD HOLLYWOOD FL 33020				
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 12/09/1997	
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			65-0829614 Not Applicab	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		·-·-	S8 75 Additional	
22		27			5. Certificate of Status Desired Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Countr	y	8. This corporation owes or has paid the current year Intangible	
25		29 30			Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent	
FR	AZIER, ELZIE JR		81	Name		
191	12 HOLLYWOOD BLVD		82	Street Address (P.O. Box Number is Not Acceptable)		
HU	LLYWOOD FL 33020		83		· · · · · · · · · · · · · · · · · · ·	
			84	City	es Zip Code	
					FL   1	
SIGNATURE	Signature typed or profed name of repistened age				rporation submits this statement for the purpose of changing its registere ation's board of directors. I hereby accept the appointment as registered	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE		Change Addition	
NAME	<b>Frazie</b> r, <b>Elzie</b> Jr		1.2 NAME	İ		
STREET ADDRESS	1912 HOLLYWOOD BLVD		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		1.4 CITY-	ST-ZIP		
TITLE	DST	☐ DELETE	2.1 TITLE		Change Addition	
NAME	SIRACUSA, ANDREE		2.2 NAME			
STREET ADDRESS	1912 HOLLYWOOD BLVD		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		2. 4 CITY -	ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME	÷		3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
. CITY-ST-ZIP			3.4. CITY-	SI-ZIP		
TITLE	The state of the s		4.1 TITLE		☐ Change ☐ Addition	
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
City-St-ZiP			4.4 CITY-:			
TITLE		☐ DELE <b>te</b>	51 TITLE		Change Addition	
NAME			5.2 NAME	1		
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-1			
TITLE		DELET <b>e</b>	6.1 TITLE	****	Change Addition	
NAME		<del></del> -	6.2 NAME			
STREET ADDRESS	1			T ADDRESS		
CITY-ST-ZIP	•:		6.4 CITY-1			
0111-01-71L			0.4 01117	O I . Tid.		

14. 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 of the receiver or trusted 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 or part affact, ment with an address.