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Feb 24, 1999 8:00 am
Secretary of State

07-12-1999 90003 007 ***550.00
02-24-1999 90090 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000063742

1. Corporation Name
ALPINE PAWN, INC.

Principal Place of Business	Mailing Address
13355 S. BELCHER RD. LARGO FL 33773	13355 S. BELCHER RD. LARGO FL 33773

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/17/1998

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: 59-3521641 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHNUR, CHARLES R
5251 18TH AVENUE NORTH
ST. PETERSBURG FL 33710

VOTED OUT 01/04/99

OLD REG AG

10. Name and Address of New Registered Agent

81 Name: KEITH L REDNER
82 Street Address (P.O. Box Number is Not Acceptable): 4415 W. SOUTHERN ST
83
84 City: LECANTO FL 85 Zip Code: 34461

NEW AGENT

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] DATE: 07-01-99
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when manifesting)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHARLES RAYMOND SCHNUR 5251 18TH AVE N ST PETE FL 33710	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	OFFICER SHARE HOLDER CHARLES RAYMOND SCHNUR AS OF 01/01/99 DELETED AS REGISTERED AGENT	☐ Change ☐ Addition 100 SHARES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KEITH L REDNER 4415 W SOUTHERN ST LECANTO FL 34461	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	* REGISTERED AGENT / SHARE HOLDER KEITH L REDNER AS OF 01/01/99 ADDED AS NEW REGISTERED AGENT	☐ Change ☐ Addition 300 SHARES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LEA STAR GREEN 2117 - 49TH STREET N ST PETERSBURG FL. 33710	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	OFFICER SHARE HOLDER LEA STAR GREEN	☐ Change ☐ Addition 300 SHARES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CAROL V KRILEY 202 - GREENVIEW DR APT 2C BUTLER PA 16001	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	OFFICER SHARE HOLDER CAROL V KRILEY	☐ Change ☐ Addition 300 SHARES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: [signature] REQUIRED — 1/15/99 — (727) 535-5648
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #