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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # S27302

(6)

AMERICAN PAWN AND CHECK CASHING, INC.

FILED Apr 22 1998 8:00am Secretary of State



							<u> </u>
Principal Place of Business Mailing Address							101 41411 41411 41411 41411 1141
1715 E SUNRISE BLVD. 1715 E SUNRISE BLVD.							
FT. LAUDERDALE FL 33304-3066		FT. LAUDERDALE FL 33304-3066				DO MOS MIDITE IN THIS SPACE	
						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
						01/25/1991	
9 Principal Di	ace of Business	2a. Mailing Address				4. FEI Number	Applied For
21 Filliopairi	ace of Business	26				65-0262073	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75 Additional
22		27				5. Certificate of Status Desired	Fee Required
City & State		City & State				6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Zip Country			8. This corporation owes or has paid the cu	rrent year Intangible
24	25	29	30				X Yes 🔲 No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered	Agent
Gabrilove, Stephen				81	Name		
	15 E SUNRISE BLVD.		82 Stree		Street Addre	ess (P.O. Box Number is Not Acceptable)	
FT.	LAUDERDALE FL						
				83			
				84	City	FI	85 Zip Code
44 Durement t	a the provisions of Sections 607 050	2 and 607 1508 Florida Statute	e the al		-named corn		f changing its registered
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, typed or printed transc of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND		13.	u nyoi	It signature redoire	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	DP	DELETE	1.1 Tr	TLE			Change Addition
NAME	GABRILOVE, STEPHEN		1.2 N/	AME			
STREET ADDRESS	1715 E. SUNRISE BLVD.		1.3 STR		ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY - ST - ZIP		r-21P		
TITLE	DELETE 2.1		2.1 (1	TLE			Change Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADD		ADDRESS		
CITY-ST-ZIP	_		2.40		T-21P		
TITLE		DELETE	DELETE 3.1 TI				Change Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 S1	IREET :	ADDRESS		
CITY-ST-ZIP			3 4. C	ITY-S	T - ZIP		
TITLE		DELETE	4 1 T	TLE	T		Change Addition
NAME			4.2 N	IAME			
STREET ADDRESS			4.3 \$1	REET	ADDRESS		
CITY-ST-ZIP			4.4 CI	1Y-S1	r - ZiP		- <u>-</u> -
TITLE		DELETE	5.1 TITLE				Change Addition
NAME			5.2 N	AME	1		
STREET ADDRESS			5.3 \$1	TREET.	ADDRESS		
CITY-ST-ZIP			5.4 CITY-		r-ZIP		
TITLE		DELETE	6.1 11	TLE			☐ Change ☐ Addition
NAME	*		6.2 N	AME			
STREET ADDRESS			6.3 \$1	TREET	ADDRESS		
CITY-ST-ZIP				1Y-S1			
14. I hereby c	certify that the information supplied w	ith this filing does not q <u>ualify</u> fo	or the exe	empl	lion stated in l	Section 119.07(3)(i), Florida Statutes. I further of	pertury that the information

Indicated on this annual report or supplemental annual report is true and accumum officer or director of the corporation or the receiver or trustee en powered to the Block 12 or Block 13 if changed, or on an attachment with an artificial or the supplementation of the block 12 or Block 13 if changed, or on an attachment with an artificial or the supplementation of the block 13 if changed, or on an attachment with an artificial or the supplementation of the urale and that my signature shall have the same legal effect as if made under oath; that I am an regute this report as required by Chapter 607, Florida Statutes; and that my name appears in