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

**FILED PROFIT** Feb 06 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** (0) VINCENT'S PAWN SHOP, INC. Principal Place of Business Mailing Address 5122 S. STATE ROAD #7 5122 S. STATE ROAD #7 HOLLYWOOD FL 33314 HOLLYWOOD FL 33314 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/28/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0252370 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Country Zio 8. This corporation owes or has paid the ourrent year Inlangible 24 25 29 30 Personal Property Tax due Jurie 30. ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent NARBONE, VINCENT J. 81 Name 5122 S. STATE ROAD #7 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33314 83 84 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** Signature, typed or printed name of registered agent and title if applicable (NOT) Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition NARBONE, VINCENT J. NAME 1.2 NAME 5122 S. STATE ROAD #7 STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP 1.4 CHY-ST-7IP DELETE TITLE 2110LF Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 City-St-ZiP TITLE DELETE 3.1 1111.6 Change Addition NAME 3.2 NAM STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-S1-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change 5.1 Till F Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

CITY-ST-ZIP 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 eath; that I am an officer or director of the corporation or the receiver or trustge 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

5.4 CITY-ST-ZIP

63 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELF16

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

2-2-50

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Change

Addition