

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

**APPROVED
AND
FILED**

AMENDED

1997 NOV -3 PM 6:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

PROFIT CORPORATION
ANNUAL REPORT
1997

DOCUMENT # **550856**

1. Corporation Name
The TINY PAWN, INC.

Principal Place of Business: **205 13TH ST. ST. CLOUD, FL 34769**
Mailing Address: **205 13TH ST. ST. CLOUD, FL 34769**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 3427 13TH ST.		26 3427 13TH ST.		050691	12/96
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For / Not Applicable
23 ST. CLOUD, FL		28 ST. CLOUD, FL		59-3064704	<input type="checkbox"/> \$8.75 Additional Fee Required
24 34769	25 Country	29 34769	30 Country	5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 May Be Added to Fees
23 ST. CLOUD, FL		28 ST. CLOUD, FL		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 34769		29 34769		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DONALD BURKETT 205 - 13TH ST. ST. CLOUD, FL 34769		81 Name DONALD BURKETT	
		82 Street Address (P.O. Box Number is Not Acceptable) 3427 13TH ST.	
		83	
		84 City ST. CLOUD, FL FL 85 Zip Code 34769	

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: *Donald F. Burkett* (NOT Registered Agent signature required when re-registering) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALD BURKETT	1.2 NAME	DONALD BURKETT
STREET ADDRESS	205 13TH ST.	1.3 STREET ADDRESS	3427 13TH ST.
CITY-ST-ZIP	ST. CLOUD, FL 34769	1.4 CITY-ST-ZIP	ST. CLOUD, FL 34769 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SEC./TRES. <input checked="" type="checkbox"/> DELETE	2.1 TITLE	
NAME	KAREN BURKETT	2.2 NAME	
STREET ADDRESS	205 13TH ST.	2.3 STREET ADDRESS	600002339476-4
CITY-ST-ZIP	ST. CLOUD, FL 34769	2.4 CITY-ST-ZIP	-11/05/97-01099-033
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	*****61.25 <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 do 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.

SIGNATURE: *Donald F. Burkett* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Day/Mo/Year #

CR2E034 (9/96)