

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

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Worthington</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V12654** (2)

1. Corporation Name  
**DIXIE PAWN & JEWELRY, INC.**

Principal Place of Business  
**2320 NORTH DIXIE HIGHWAY  
HOLLYWOOD FL 33020**

Mailing Address  
**2320 NORTH DIXIE HIGHWAY  
HOLLYWOOD FL 33020**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/10/1982**

4. FEI Number  
**65-0310573**

☒ 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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29
25	30

9. Name and Address of Current Registered Agent

**FARB, LARRY  
454 LAKEVIEW DR.  
FT. LAUDERDALE FL 33326**

10. Name and Address of New Registered Agent

81 Name **Dorothy FARB**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1616 BLATT BLVD.**  
83  
84 City **Weston** FL 85 Zip Code **33326**

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 **Dorothy Farb (Dorothy FARB)** **Dorothy Farb** DATE **4/24/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>owner (V.P.)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FARB, LARRY</b>	1.2 NAME	<b>Dorothy FARB</b>
STREET ADDRESS	<b>454 LAKEVIEW DR.</b>	1.3 STREET ADDRESS	<b>1616 BLATT BLVD</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33326</b>	1.4 CITY-ST-ZIP	<b>FL. LAUD. FL. 33326</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	<b>FARB, ROBERT</b>	2.2 NAME	
STREET ADDRESS	<b>1616 BLATT BLVD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33326</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
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	
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	
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	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: **Dorothy Farb** DATE **4/24/98** 754-922-840  
Signature and typed or printed name of signing officer or director

CR2E034 (10/97)