


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

FILED

Feb 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V18466** (5)  
1. Corporation Name  
**COLONEL'S PAWN DEPOT, INC.**

Principal Place of Business <b>3546 S MILITARY TR LAKE WORTH FL 33463 US</b>	Mailing Address <b>3546 S MILITARY TRAIL LAKE WORTH FL 33463-8734 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/04/1992</b>		3a. Date of Last Report <b>01/29/1996</b>	
21		26		4. FEI Number <b>65-0310302</b>		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>MCCLURE, DAVID ALAN 352 PONTE VEDRA RD. PALM SPRINGS FL 33461</b>				10. Name and Address of New Registered Agent			
				81. Name	<b>McClure David Alan</b>		
				82. Street Address (P.O. Box Number is Not Acceptable)	<b>70 W Cypress Rd</b>		
				83. City	<b>LK Wth FL 33467</b>		
				84. City	<b>LK Wth</b>	85. Zip Code	<b>33467</b>

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 **David Alan McClure Pres.** **David Alan McClure Pres.** DATE **2-14-97**  
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MCCLURE, THOMAS M.</b>			1.2 NAME			
STREET ADDRESS	<b>224 GREENBRIER DRIVE</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>PALM SPRINGS FL</b>			1.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MCCLURE, DOROTHY L.</b>			2.2 NAME	<b>mcclure Dorothy L</b>		
STREET ADDRESS	<b>224 GREENBRIER DRIVE</b>			2.3 STREET ADDRESS	<b>70 W Cypress Rd</b>		
CITY-ST-ZIP	<b>PALM SPRINGS FL</b>			2.4 CITY-ST-ZIP	<b>LK Wth FL 33467</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MCCLURE, DAVID ALAN</b>			3.2 NAME	<b>McClure David Alan</b>		
STREET ADDRESS	<b>352 PONTE VEDRA DR</b>			3.3 STREET ADDRESS	<b>70 W Cypress Rd</b>		
CITY-ST-ZIP	<b>PALM SPGS FL</b>			3.4 CITY-ST-ZIP	<b>LK Wth FL 33467</b>		
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 **David Alan McClure Pres.** **David Alan McClure Pres.** DATE **2-14-97** **561**  
Signature, typed or printed name of registered agent and title if applicable

CR2E034 (9/96)