


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 3546 S MILITARY TR LAKE WORTH FL 33463 US	Mailing Address 3546 S MILITARY TRAIL LAKE WORTH FL 33463 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/04/1992	
4. FEI Number 65-0310302		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MCCLURE, DAVID ALAN 70 W CYPRESS RD LAKE WORTH FL 33467		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MCCLURE, DOROTHY L. <input checked="" type="checkbox"/> DELETE <i>No longer</i>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	70 W CYPRESS RD	1.2 NAME	
STREET ADDRESS	LAKE WORTH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D MCCLURE, DAVID ALAN <input checked="" type="checkbox"/> DELETE <i>No longer</i>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	70 W CYPRESS RD	2.2 NAME	
STREET ADDRESS	LAKE WORTH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	Partner Edwin Horton <input checked="" type="checkbox"/> DELETE <i>change</i>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3546 S. Military Tr	3.2 NAME	
STREET ADDRESS	LAKE WORTH, FL 33463	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	Partner Don McGoedwin <input checked="" type="checkbox"/> DELETE <i>change</i>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3546 S. Military Tr.	4.2 NAME	
STREET ADDRESS	LAKE WORTH, FL 33463	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	Partner Tim Wakefield <input checked="" type="checkbox"/> DELETE <i>change</i>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3546 S. Military Tr.	5.2 NAME	
STREET ADDRESS	LAKE WORTH, FL 33463	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 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: _____ 9-15-98 561-234-9011

CR2E034 (5/98)

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September 15, 1998

Division of Corporations
Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314

I am enclosing this check for \$150.00 and writing you at the suggestion of Mr. Andy Dunlap. (Ph # 850-487-6059)

I request that my corporation pay the \$150.00 annual fee instead of the \$550.00 as the enclosed document is the first and only notice I have received. Any flexibility would be most appreciated. Also please note that myself and two partners purchased this business in October 1997.

Should you have any questions or comments,
I may be reached at 561-234-9011.



Tim Wakeland