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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthem

**FILED** 

Feb 24 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V35595

(0)

| HARBOI  | R JEWEL & PAWN, INC.   |   |  |  |  |
|---|--|---|--|--|--|
| Principal Place of Business<br>318 MAIN STREET<br>SAFETY HARBOR FL 34695-3645 |  | Mailing Address<br>318 MAIN STREET<br>SAFETY HARBOR FL 34695-3645 |  |  | 1 31511 91511 31511 91611 91611 31611 1281   |
|   |  |   |  | <ol> <li>Date incorporated or Qualified<br/>05/11/1992</li> </ol>  | 3a. Date of Last Report<br>04/12/1996  |
| 2. Principal P  | lace of Business   | 28. Mailing Address 26  |  | 4. FEI Number<br>59-3122812  | Applied For<br>Not Applicable  |
| Suite, Apt<br>22  |  | Suile, Apt. #, etc  |  | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required   |
| City & State  | e e  | City & State  |  | Election Campaign Financing     Trust Fund Contribution  | \$5.00 May Be Added to Fees  |
| Zip<br><b>24</b>  | Country 25   |   | Country<br>30                          |  | Yes No   |
| - House he  | (9) Name and Address of Curre  | nt Registered Agent   | 04T N                                  | 10. Name and Address of New Ro   | igistered Agent  |
| 910 HAINI PT  |  |   |  | Brown Gerald Address (P.O. Box Number is Not Accepta   | W  |
| SAF   | ETY HARBOR FL 34895  |   |  | 8 Main St.   |  |
|   |  |   | 84 City                                | afety Harbor   | FL 85 Zip Code 34695   |
| 11 Dureuppt   | to the provisions of Sections 607 050  | 22 and 607 1509 Florida Statuto                                   | C   C                                  | corporation submits this statement for the   |  |
| office or r<br>agent. La<br>SIGNATURE   | registered agent, or both, in the State<br>im familiar with, and accept the oblig<br>Geval a Brown | // /// // -   | uthorized by the corp<br>rida Statutes | corporation submits this statement for the poration's board of directors. I hereby acce  | port the appointment as registered  1-13-97  |
| <b>~</b>  | Signature, typed or printed name of registered ag  |   | : Registered Agent signature           | required when reinstating)   | DATE   |
| (12)  | OFFICERS AN  | ID DIRECTORS  DELETE  | 13.                                    | ADDITIONS/CHANGES TO OFFI  |  |
| THE   | TILWICK, TODOA   | DELETE  | 1.1 TITLE                              |  | Change Addition  |
| NAME  | 318 MAIN STREET  |   | 1.2 NAME                               | Brown Genald   | $\omega$ .   |
| STREET AODRESS  | SAFETY HARBOR FL   |   | 1.3 STREET ADDRESS                     | 318 Main St  | <i>E</i> (   |
| CITY-\$1-7IP<br>TITLE   | ON ETT THE BOTTE   | DELETE  | 1.4 C(TY-ST-Z)P<br>2.1 TiTLE           | Safety Haubor  | Change Addition  |
| NAME  |  | Emp pecere  | 22 NAME                                |  | Last change Last Accident  |
| STREET ADORESS  |  |   | 2.3 STREET ADDRESS                     |  |  |
| CITY-ST-ZIP   |  |   | 2 4 City - St - ZiP                    | and the second s | and the same of th |
| TITLE   |  | ☐ DELETE  | 31 TITLE                               |  | Change Addition  |
| NAME  |  | <del></del>   | 3.2 NAME                               |  |  |
| STREET ADDRESS  |  |   | 33 STREET ADDRESS                      |  |  |
| CITY - S1 - ZIP   |  |   | 3.4. CITY+ST-ZIP                       |  |  |
| TITLE   |  | DELETE  | 4.1 TITLE                              |  | Change Addition  |
| NAME  |  |   | 4.2 NAME                               |  |  |
| STREET ADDRESS  |  |   | 4.3 STREET ADDRESS                     |  |  |
| CITY - ST - ZIP   |  |   | 44 CITY-ST-ZIP                         |  |  |
| TITLE   |  | ☐ DELETE  | 5.1 TITLE                              |  | Change Addition  |
| NAMF  |  |   | 5.2 NAME                               | * *  |  |
| STREET ADDRESS  |  | •   | 5.3 STREET ADORESS                     | •••  |  |
| CITY-ST-7IP   |  |   | 5.4 CITY - ST-ZIP                      |  |  |
| TITLE   |  | ☐ DELETE  | 6.5 TITLE                              |  | Change 🛨 Addition  |
| NAME  |  |   | 6.2 NAME                               |  |  |
| STREET ADDRESS  | 1  |   | 6.3 STREET ADDRESS                     |  |  |

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 inclicated 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 proporation 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 12 or an argument with an address. 813-726 6031

6.4 CITY-ST-ZIP