

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

**FILED**  
**Mar 27 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # V46408**

**(3)**

**1. Corporation Name**  
**STEVE'S FRIENDLY PAWN, INC.**



**2. Principal Place of Business**  
**1953 PEMBROKE ROAD**  
**HOLLYWOOD FL 33020**

**Mailing Address**  
**1953 PEMBROKE ROAD**  
**HOLLYWOOD FL 33020-6326**

<b>3. Date Incorporated or Qualified</b> 06/26/1992	<b>3a. Date of Last Report</b> 02/20/1996
<b>4. FEI Number</b> 65-0346080	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**2. Principal Place of Business**

**2a. Mailing Address**

**21** State, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** Country

**29**

**30**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**NECKMAN, ARNOLD S.**  
**3650 N. 38TH AVE.**  
**HOLLYWOOD FL 33021**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b> <b>85</b> Zip Code

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>TITLE</b>	<b>SD</b>	<b>11 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>NECKMAN, STEVEN W</b>	<b>12 NAME</b>	
<b>STREET ADDRESS</b>	<b>18 ISLAND AVE #4-E</b>	<b>13 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI BEACH FL</b>	<b>14 CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>PD</b>	<b>21 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>NECKMAN, ARNOLD S</b>	<b>22 NAME</b>	
<b>STREET ADDRESS</b>	<b>3650 N 38TH AVE #63</b>	<b>23 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>HOLLYWOOD FL</b>	<b>24 CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>31 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>32 NAME</b>	
<b>STREET ADDRESS</b>		<b>33 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>34 CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>41 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>42 NAME</b>	
<b>STREET ADDRESS</b>		<b>43 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>44 CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>51 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>52 NAME</b>	
<b>STREET ADDRESS</b>		<b>53 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>54 CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>61 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>62 NAME</b>	
<b>STREET ADDRESS</b>		<b>63 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>64 CITY-ST-ZIP</b>	

**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:** \_\_\_\_\_ **DATE:** 3-27-97 **OFFICER'S PHONE #:** 954 925 2220  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)