SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000031285 (6)

APPROVED AND FILED

97 AUG 15 PM 1: 08

SECRETARY OF STATE TALLAHASSEE. FLORIDA

QUIK A	UTO LOANS, INC.	, ,		 	DIJA BOJU BRIBA SIJOK KIRIS SIRAH KAJAK AJU ERRA
Principal Place	e of Business	Mailing Address			
4971 N. ST. RD. 7 4974 N. 97. RD. 7					
TAMARAC FL 33319 SUITE 268				DO NOT I	(D)TC (N) T(110 OD A OF
US		TAMARAS FL 33319		3. Date Incorporated or Quali	/RITE IN THIS SPACE
1		00		· '	·
2. Principal P	lace of Business	2a. Mailing Address		04/20/1995 4. FEI Number	01/26/1996 Applied For
21		26 4971 N	ST RD 7	65-0573673	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			SR 75 Additional
22 27				Certificate of Status Desire	Fee Required
City & State	е	City & State	F)	6. Election Campaign Financi	
23		28 TAMARAC	<u> </u>	Trust Fund Contribution	Added to Fees
Zip	Country	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Sountry BOWARE		as paid the current year Intengible
24	25 9. Name and Address of Curren	29	BEOMAIG	Personal Property Tax due 10. Name and Address of Ne	
VAN	NDEKERKHOVE ZARRY	B	B1 Name		* KERKHOUE
enn WEGT WILL GOOD DI VID				, , , , , , , , , , , , , , , , , , , ,	KEKKHOOL
SUITE 398			82 Street Ac	Idress (P,O. Box Number is Not Acc	eptable)
	ERFIELD BEACH FL 33441		83		
	-		84 City		
ľ			B4 City	AMARAC	FL 85 Zip Code 33319
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statut	es, the above-named co	orporation submits this statement for	the purpose of changing its registered
agent. I a	m familiar with and accept the obliga	of Floridal Such change was a itions of, Section 607 0505, Flo	autnorized by the corpo xida Statutes,	ration's board or directors. I hereby a	accept the appointment as registered
SIGNATURE		LARRY VA	IN DEKERKI	10 JE 7	7-21-97
		ill and the if applicable (NOT)	Registered Agent signature re-	quired when reinstating)	DATE
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO C	OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	VANDEKERKHOVE, LARRY	בין מנננונ	1.2 NAME		
STREET ADDRESS	600 W. HILLSBORO BLVD. #3	9R	1.3 STREET ADDRESS) Š
CITY-ST-ZIP	DEERFILED BEACH FL 33441		1.4 CITY-ST-ZIP		766
TITLE	D	· DELETE	2.1 TITLE		Change Addition
NAME	DEBOE, THOMAS S	•	2.2 NAME		
STREET ADDRESS	600 W. HILLSBORO BLVD. #3	98	2.3 STREET ADDRESS	40000;	22 707844 19/9701015012
CITY-ST-ZIP	DEERFILED BEACH FL 33441		2. 4 CITY-S1-ZIP		
TITLE		DELETE	3.1 THLE	***	*165.00 D****1651 00tion
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		į
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	<u> </u>	Change Addition
NAME		_ veecie	5.2 NAME	1 Malso	Change Accounts
STREET ADDRESS			5.3 STREET ADDRESS	K NA/12	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	₩ · /·	
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		<u> </u>
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
	ov certify that the information supplied	with this filing does not qualif		ed in Section 119.07(3)(i), Florida St	atutes. I further certify that the

I. I do hereby certify that the information semplied 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 eport or subplemental 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 officeration of the receiver or trustee omovered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 13 or Block 14 or Block 15 or Block

WALL IN ADRY NA

MAN DEKERYHOUT

7-71-07

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