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

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

05-17-1999 90018 040 **150.00
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP -9 PM 2:55

DOCUMENT # P98000106561

1. Corporation Name
QUICK TRACE RECOVERY, INC

Principal Place of Business	Mailing Address
3777 NW 78 Ave #76 Davie FL 33024	PO Box 4647 Ft Lauderdale FL 33338

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: DECEMBER 21, 1998

2. Principal Place of Business	2a. Mailing Address
21 PO Box 848893	26 PO Box 848893
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Pembroke Pines FL	City & State 28 Pembroke Pines FL
Zip 24 33084 Country 25 USA	Zip 29 33084 Country 30 USA

4. FEI Number: 65-0905759 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ALEXANDRA BELBEN
3777 NW 78 AVE #76
DAVIE FL 33084

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

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: Alexandra Belben - President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ALEXANDRA BELBEN 3777 NW 78 AVE #76 DAVIE FL 33024	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT ALEXANDRA BELBEN 3777 NW 78 AVE #76 DAVIE FL 33024	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT RICHELE ZACHARZUK 3777 NW 78 AVE #76 DAVIE FL 33024	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VICE PRESIDENT RICHELE ZACHARZUK 3777 NW 78 AVE #76 DAVIE FL 33024	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRESURER ALEXANDRA BELBEN 3777 NW 78 AVE #76 DAVIE FL 33024	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TRESURER ALEXANDRA BELBEN 3777 NW 78 AVE #76 DAVIE FL 33024	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY RICHELE ZACHARZUK 3777 NW 78 AVE #76 DAVIE FL 33024	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	SECRETARY RICHELE ZACHARZUK 3777 NW 78 AVE #76 DAVIE FL 33024	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: [redacted] 5/6/99 (954) 444-7346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #