

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

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M65379** (3)
1. Corporation Name
QUIK/HITCH, INC.

Principal Place of Business C/O WOODROW M. MELVIN, JR. P.O. BOX 490242 KEY BISCAYNE FL 33149	Mailing Address C/O WOODROW M. MELVIN, JR. P.O. BOX 490242 KEY BISCAYNE FL 33149-0242
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/19/1988	3a. Date of Last Report 06/07/1996
21		26		4. FEI Number 65-0106533	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Country		Country		

9. Name and Address of Current Registered Agent MELVIN, WOODROW M. (JR.) 151 CRANDON BLVD EMERALDBAY #935 KEY BISCAYNE FL 33149		10. Name and Address of New Registered Agent	
81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City		

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	
NAME	JOHNSON, ROY	1.2 NAME	
STREET ADDRESS	412 S.W. 18TH ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	
NAME	MELVIN, ELAINE B.	2.2 NAME	
STREET ADDRESS	151 CRANDON BLVD #935	2.3 STREET ADDRESS	
CITY - ST - ZIP	KEY BISCAYNE FL	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	
NAME	MELVIN, WOODROW M. (JR.)	3.2 NAME	
STREET ADDRESS	151 CRANDON BLVD #935	3.3 STREET ADDRESS	
CITY - ST - ZIP	KEY BISCAYNE FL	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	
NAME	HAGANS, RALPH	4.2 NAME	
STREET ADDRESS	22783 PONDEROSA DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	WEST BOCA RATON FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 by an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4-30-97 305-854-6129
Date Daytime Phone #
0206299

CR2E034 (9/96)