

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -2 PM 12: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 93000034332
1. Corporation Name
INSTA CREDIT CAR CORPORATION

Principal Place of Business Mailing Address
2215 S. DIXIE HWY SAME
WEST PALM BEACH, FL
33401

900001474449
-05/03/95--01175--011
*****200.00 *****200.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 2215 S DIXIE HWY	26 2215 S DIXIE HWY	65-0409845	Not Applicable
Suite, Apt #, etc	Suite, Apt #, etc		
22	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		
23 WEST PALM BEACH, FL	28 WEST PALM BEACH, FL	6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip	Zip	Trust Fund Contribution	
24 33401	29 33401		
Country	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	☒ Yes ☐ No
25	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name	MARK EVANS
82 Street Address (P.O. Box Number is Not Acceptable)	2215 S DIXIE HWY
83	
84 City	WEST PALM BEACH FL
85 Zip Code	33401

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

✓ Mark Evans

1 President

✓ 4/24/95

(Signature must be printed name of registered agent and title of officer or director)

(Print Name of Registered Agent to produce required when mandating)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	☒ Change ☐ Addition
NAME		1.2 NAME	D ANN H EVANS
STREET ADDRESS		1.3 STREET ADDRESS	2215 S. DIXIE HWY
CITY ST ZIP		1.4 CITY ST ZIP	WEST PALM BEACH, FL 33401
TITLE		2.1 TITLE	☒ Change ☐ Addition
NAME		2.2 NAME	P MARK EVANS
STREET ADDRESS		2.3 STREET ADDRESS	2215 S DIXIE HWY
CITY ST ZIP		2.4 CITY ST ZIP	WEST PALM BEACH, FL 33401
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 changing or on an amendment with an address.

SIGNATURE:

Mark Evans Pres

MARK EVANS

4/25/95

407-833-0636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Telephone Number