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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # P93 000037192

Corporation Name
QUALITY CREDIT BUREAU, INC.

[redacted]

Principal Place of Business	Mailing Address
2740 E. OAKLAND PARK BLVD. FORT LAUDERDALE FL 33306	P.O. BOX 39355 FT. LAUDERDALE FL 33339-9355 US

3. Date Incorporated or Qualified: 5/21/93
4. Date of Last Report:

21 Principal Place of Business	26 Mailing Address	4. FEI Number: 59-3224489	☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State	28 City & State	[illegible] ☐	$5.00 May Be Added to Fees
24 Zip / 25 Country	29 Zip / 30 Country	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

Name and Address of Current Registered Agent

NICHOLS, DONALD
2740 E. OAKLAND PK. BLVD
FORT LAUDERDALE FL 33306

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

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
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS

11 TITLE: PD 12 NAME: NICHOLS, DONALD 13 STREET ADDRESS: 2740 E. OAKLAND PARK BLVD. 14 CITY-ST-ZIP: FT. LAUDERDALE FL 33306	☐ DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☐ Change ☐ Addition
15 TITLE 16 NAME 17 STREET ADDRESS 18 CITY-ST-ZIP	☐ DELETE	15 TITLE 16 NAME 17 STREET ADDRESS 18 CITY-ST-ZIP	☐ Change ☐ Addition
19 TITLE 20 NAME 21 STREET ADDRESS 22 CITY-ST-ZIP	☐ DELETE	19 TITLE 20 NAME 21 STREET ADDRESS 22 CITY-ST-ZIP	☐ Change ☐ Addition
23 TITLE 24 NAME 25 STREET ADDRESS 26 CITY-ST-ZIP	☐ DELETE	23 TITLE 24 NAME 25 STREET ADDRESS 26 CITY-ST-ZIP	☐ Change ☐ Addition
27 TITLE 28 NAME 29 STREET ADDRESS 30 CITY-ST-ZIP	☐ DELETE	27 TITLE 28 NAME 29 STREET ADDRESS 30 CITY-ST-ZIP	☐ Change ☐ Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

PW 5-6-97

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***165.00

[illegible] exempt as stated in Section [illegible] Florida Statutes. [illegible] 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 11 or 12 above, or on an attachment with an entity name, if directed by this form.

Don Michal 4-28-97 (954) 564-3323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0294235