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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000040921 (6) **DOCUMENT #** 

QUALITY CARS OF MELBOURNE, INC.



Principal Place of Business		Mailing Address					
1700 N HARBOR CITY BLVD MELBOURNE FL 32935		1700 N HARBOR CITY BLVD MELBOURNE FL 32935			La Fista et Lee	t Poport	
					3. Date Incorporated or Qualified 06/01/1994	3a. Date of Last Report 03/21/1995	
					4, FEI Number	00/21	Applied For
2. Principal Place	of Business	2a. Mailing Addres	55		59-3243054	-	Not Applicable
		26		\$8.75 Additional		75 Additional	
Suite, Apt. #, 6	ato.	Suite, Apt. #, (	etC		5. Certificate of Status Desired	F	ee Required
2		City & State			6. Election Campaign Financing		.00 May Be
City & State		28		_	Trust Fund Contribution	- n	ided to Fees
Zip	Country	Zip	Co	untry	8. This corporation has liability for	intangible tax unde 	rs 199.032.
آھ	25	29	[30]		Fiorida Statutes Yes  10. Name and Address of New F	No	
	9. Name and Address of Curren	t Registered Agent		1	10. Name and Address of New P	tegistored rigent	
				81 Name			
MIRANDA, HERBERT				82 Street Address (P.O. Box Number is Not Acceptable)			
	CONUT ST SE			83			
PALM B	AY FL 32904						- Code
				84 City		FL 65	Zip Code
	grante types or protect rank of registered agen-	D DIRECTORS	(No. 1) Fingister	oc Agent sgraf in regen ).	ADDITIONS/CHANGES TO OF	FICERS AND DIRE	CIORS IN 12
12.	P	DEL		1 Title		☐ Ch	ange 🔲 Addition
TITLE NAME	MIRANDA, HERBERT		12	NAME			
STREET ADDRESS	688 COCONUT ST SE		1.3	RISTREET ADDRESS			
CITY-ST-ZIP	PALM BAY FL 32904			1 DITY - ST - ZIF		Cn	ange Addition
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CITY - ST - ZIP				4 Cith IST ZIP 1 Title		☐ Cr	iange 🔲 Addition
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NAME				3 STREET ADDRESS			
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CITY - ST - ZIP TITLE		DE	LETE 4	1 THILE	<del></del>		nange
NAME		•		2 NAME			
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NAME				i 2 NAME			
STREET ACCIPIESS				3 STREET ADDRESS			
CITY+ST-ZIP		<u>ГЭ рі</u>		5 4 CITY - ST - ZIP 5 1 TITLE			hange Addition
TITLE			1	6 2 NAME			
NAMÉ				6 3 STREET ADORESS			

6.4 SIREL FADORESS

6.4 City - ST-ZP

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualfy for the exemption stated in Section 119 07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplied ental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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.

SIGNATURE:

\*\*Mathematical Address\*\*

\*\*HEALEST\*\*\*

\*\*Mathematical Address\*\*

\*\*BIGNATURE: \*\*ACT\*\*\*

\*\*HEALEST\*\*\*

\*\*HEALEST\*\*

\*

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR