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FILED
May 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000040921 (6)

1. Corporation Name
QUALITY CARS OF MELBOURNE, INC.

Principal Place of Business
1700 N HARBOR CITY BLVD
MELBOURNE FL 32935

Mailing Address
1700 N HARBOR CITY BLVD
MELBOURNE FL 32935-7802



3. Date Incorporated or Qualified
06/01/1994
3a. Date of Last Report
05/01/1996

4. FEI Number
59-3243054
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 5 San Filippo Dr. S.E.
Suite, Apt. #, etc.
22 City & State
Palm Bay, FL 32909-2203
Zip Country
23 24 25 26 27 28 29 30

2a. Mailing Address
26 5 San Filippo Dr
Suite, Apt. #, etc.
27 City & State
Palm Bay, FL 32909
Zip Country

9. Name and Address of Current Registered Agent

MIRANDA, HERBERT
688 COCONUT ST SE
PALM BAY FL 32904

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE P
NAME MIRANDA, HERBERT
STREET ADDRESS 688 COCONUT ST SE
CITY- ST- ZIP PALM BAY FL 32904
DELETE
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
Change Addition
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
Change Addition
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
Change Addition
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
Change Addition
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
Change Addition
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP
Change Addition

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)