

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

DOCUMENT # P94000042267 (2)

1. Corporation Name

QUICK MANAGEMENT SERVICES INC

55 MAY -1 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**6649 FOREST HILL BLVD
WEST PALM BEACH FL 33413**

Mailing Address
**6649 FOREST HILL BLVD
WEST PALM BEACH FL 33413**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/01/1994	3a. Date of Last Report
4. FEI Number 65-0492984	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	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent CAPPS, FRED 6970 WALLIS RD SUITE 1 D WEST PALM BEACH FL 33413	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. Zip Code	

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 of Registered Agent or New Registered Agent, as applicable)

(Signature of Secretary of State or Designated Agent, as applicable)

(Signature of Registered Agent or New Registered Agent, as applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☐ Change ☐ Addition
NAME	CAPPS, FRED	1.2 NAME	
STREET ADDRESS	923 SUMPTER RD W	1.3 STREET ADDRESS	
CITY & ZIP	WEST PALM BEACH FL 33413	1.4 CITY & ZIP	
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition
NAME	QUICK, BONNIE	2.2 NAME	
STREET ADDRESS	1564 FOREST LAKES CIR APT D	2.3 STREET ADDRESS	
CITY & ZIP	WEST PALM BEACH FL 33406	2.4 CITY & ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY & ZIP		3.4 CITY & ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY & ZIP		4.4 CITY & ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY & ZIP		5.4 CITY & ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY & ZIP		6.4 CITY & ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and shown and qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included in this annual report or supplemental period report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 of this report. I am attaching an affidavit with my address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF BOUNDING OFFICER OR DIRECTOR

4/28/95

407/439-3500