

**A M E N D E D**  
**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**FILED**  
 97 NOV 20 PM 2:54  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT #** P94000065907  
 1. Corporation Name  
**Quinlan Motors, Inc.**

Principal Place of Business  
**15299 US Hwy 19 North Clearwater, FL 34624**

Mailing Address  
**15299 US Hwy 19 North Clearwater, FL 34624**

2. Principal Place of Business  
 21 **110 S.E. 6th Street**  
 Suite, Apt. #, etc.  
 22 **20th fl**  
 City & State  
 23 **Ft. Lauderdale, FL**  
 Zip Country  
 24 **33301** 25 **US**

2a. Mailing Address  
 26 **110 S.E. 6th Street**  
 Suite, Apt. #, etc.  
 27 **20 fl**  
 City & State  
 28 **Ft. Lauderdale, FL**  
 Zip Country  
 29 **33301** 30 **US**

3. Date Incorporated or Qualified **9/2/94** 3a. Date of Last Report **4/14/97**

4. FEI Number **59-3268936** 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

**9. Name and Address of Current Registered Agent**

**Wm. Fletcher Belcher**  
**540-4th Street North**  
**St. Petersburg, FL 33701**

**10. Name and Address of New Registered Agent**

81 Name **C T Corporation System**  
 82 Street Address (P.O. Box Number is Not Acceptable) **1200 Pine Island Road**  
 83  
 84 City **Plantation** FL 85 Zip Code **33324**

11. Pursuant to the provisions of Sections 607.0532 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 *Vicky Goldstein*  
 Signature typed or printed name of registered agent and title accepted

**VICKY GOLDSTEIN**  
**SPECIAL ASSISTANT SECRETARY**

DATE **11-18-97**

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>James G. Quinlan</b>	
STREET ADDRESS	<b>15299 US Highway 19 North</b>	
CITY - ST - ZIP	<b>Clearwater, FL 34624</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>Gerrard R. Quinlan</b>	
STREET ADDRESS	<b>15299 US Highway 19 North</b>	
CITY - ST - ZIP	<b>Clearwater, FL 34624</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>Thomas W. Hawkins</b>	
13 STREET ADDRESS	<b>110 S.E. 6th Street</b>	
14 CITY - ST - ZIP	<b>Ft. Lauderdale, FL 33301</b>	
21 TITLE	<b>VP, S, D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>James O. Cole</b>	
23 STREET ADDRESS	<b>110 S.E. 6th Street</b>	
24 CITY - ST - ZIP	<b>Ft. Lauderdale, FL 33301</b>	
31 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>Kathleen Hyle</b>	
33 STREET ADDRESS	<b>110 S.E. 6th Street</b>	
34 CITY - ST - ZIP	<b>Ft. Lauderdale, FL 33301</b>	
41 TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>James G. Quinlan</b>	
43 STREET ADDRESS	<b>15299 US Highway 19 North</b>	
44 CITY - ST - ZIP	<b>Clearwater, FL 34624</b>	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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*11-20-97*

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*11/17/97*

954-713-5200  
 Date: \_\_\_\_\_ Day/e of Month: \_\_\_\_\_

CR2E034 (9/96)