

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra E. Martinez
Secretary of State
OFFICE OF COORDINATIONS

FILED
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Secretary of State

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QUIK AUTO LOANS, INC.

600 WEST HILLSBORO BLVD.
SUITE 398
DEERFIELD BEACH FL 33441

600 WEST HILLSBORO BLVD.
SUITE 398
DEERFIELD BEACH FL 33441

21	4971	N ST RD 7	22		
23	TAMARAC FI	24	33319	25	USA
26	4971	N ST RD 7	27		
28	TAMARAC FI	29	33319	30	USA

9. Name and Address of Current Registered Agent

VANDEKERKHOVE, LARRY
600 WEST HILLSBORO BLVD.
SUITE 398
DEERFIELD BEACH FL 33441

81 Name _____

82 Street Address (P.O. Box Number is Not Acceptable) _____

83 _____

84 City _____ Zip Code _____

11. I, Shahidul Alam, president of Shahidul Alam and Family Private Family Statute, the above named corporation submits this statement for the purpose of changing its registered office to 1000 15th Avenue, Suite 100, The Summit, New York, NY 10019, as suggested by the corporation's board of directors. I hereby accept the appointment as registered agent. I am

LARRY VAN DE KERKHOVE R. A.

1-22-96

12. $\text{CH}_3\text{COOH} + \text{H}_2\text{O} \rightleftharpoons \text{CH}_3\text{COO}^- + \text{H}^+$

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19

D 11010

VANDEKERKHOVE, LARRY
600 W. HILLSBORO BLVD. #398
DEERFILED BEACH FL 33441

D [16: 11

DEBOE, THOMAS S
600 W. HILLSBORO BLVD. #398
DEERFILED BEACH FL 33441

[150]

[1,000 5 11]

10000

[100]

[illegible]☐ Clear ☐ Add item

1. *Chlorophyll a* (Chl *a*)

☐ **Group** ☐ **Admin**

[]

$\Gamma \vdash \text{Quot} : \text{Type}$ $\Gamma \vdash \text{Ac} : \text{Type}$

2.1.1. *Environ Monit Assess* (2015) 189:1–12

☐ 100% ☐ 50%

Figure 1. The effect of the concentration of the inhibitor on the rate of polymerization of α -methylstyrene in the presence of SnCl_4 at 25°C .

☐ Change ☐ Add new

【参考文献】

☐ *Chlorophyll* ☐ *Aluminum*

Figure 1

14. I hereby certify that the information contained within this report is true and correct and that I am not qualified for the exemption stated in Section 119.07(3)(g), Florida Statutes. Further, I certify that the information contained within this report is not for supplemental and is not in form and substance and that my signature shall have the same legal effect as if made under oath. I understand the consequences of the imposition of the penalty for false information empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 14 of the Form 1001, and I am not a child with an ID#.

SIGNATURE: LARRY VAN DE KERKHOF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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1. *Journal of the American Medical Association*, 1997; 277: 1033-1037.

CR2E034 (12/95)