FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 P95000031285 (6)

FILED Jan 21 1998 8:00am Secretary of State

QUIK AUTO LOANS, INC.								
Principal Place of Business Mailing Address								
4971 N. ST. RD. 7 TAMARAC FL 33319 TAMARAC FL 33319								
US US						DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualified		
						04/20/1995		
2. Principal Pi	ace of Business	2a. Mailing Address	2a. Mailing Address			4, FEI Number		
21 26			-			65-0573673	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt #, etc.	 1			5. Certificate of Status Desired	•	Additional
22	_	City & State						Required
City & State	3	¬				6. Election Campaign Financing Trust Fund Contribution		D May Be d to Fees
Zip	Country	Zip	Cou	intry				
24	25	29	30	y		B. This corporation owes or has paid the of Personal Property Tax due June 30.		∏ No
24	g. Name and Address of Current		[30]	1		10. Name and Address of New Registere		
VAN	NDEKERKHOVE, LARRY			81	Name			
4971 N. ST. RD. 7				-	Cu A -1 -1	(D.O. Day Number is Not Appointable)		
TAMARAC FL 33319				82	Street Addi	ress (P.O. Box Number is Not Acceptable)		
				83				
					^"		10-1-7	
				84	City	F	L 85 Zip	Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, ti					-named corp	poration submits this statement for the purpose	of changing	its registered
office or re	egisterod agent, or both, in the State (m familiar with, and accept the obliga	of Florida. Such change was tions of, Section 607.0505, F	autnorize Iorida Stat	a by lutes	the corporat	tion's board of directors. I hereby accept the a	opointment a	is registered
SIGNATURE	3							
	Signature, lyped or printed name of registered agen			d Age	nt signature requi	red when reinstating) DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D VANDENCONHONE LADDY	L DELETE	1.1 TI				Change	Addition
NAME	VANDEKERKHOVE, LARRY 600 W. HILLSBORO BLVD. #3	Λο		1.2 NAME				
STREET ADORESS	DEERFILED BEACH FL 33441	3 0			ADDRESS			
CITY-ST-ZIP	DECREILED BEACH PL 33441	☐ DELETE		IY-S	I - ZIP		Change	Addition
TITLE	DEBOE, THOMAS S	☐ VELETE	2.1 TI				□ outside	
NAME	600 W. HILLSBORO BLVD. #3	ΩR	22 N		10000000			
STREET ADDRESS	DEERFILED BEACH FL 33441	ou		2.3 STHEET ADDRESS 2.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE	DEENI ILLD BEAUTTE 00441	DELETE	3.1 Th		11 - ZiP		Change	Addition
NAME				3.2 NAME			c.i.o.i.go	
STREET ADDRESS				3.3 STREET ADDRESS				
CITY-ST-ZIP								
TITLE	DELETE			4.1 TITLE			Change	Addition
NAME				4. 2 NAME				
STREET ADDRESS	ss			4.3 STREET ADDRESS				
CITY-ST-ZIP				4.4 City-St-Zip				
TITLE	DELETE			5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 N	AME				
STREET ADDRESS			5.3 \$1	TREET	ADDRESS			
CITY-ST-ZIP			5.4 CI	TY-S	T-ZIP			
TITLE		DELETE	6.1 TI	TLE			Change	Addition
NAME			6.2 N	AME				
STREET ADDRESS			6.3 ST	FREET	ADDRESS			
CITY-ST-ZIP			6.4 C					
14 I hereby o	ertify that the information supplied wil	th this filing does not qualify.	for the exe	emot	ion stated in	Section 119.07(3)(i), Florida Statutes, I further	certify that th	ne information. I

Indicated on this annual report or supplied with this limit does not qualify for the exemption stated in Section 1.19.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report or supplemental ayrival 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 attribute that I am address.