## 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

## DOCUMENT # P95000096126 (4)

## QUICK CASH AUTO TITLE LOANS INC

1501 E STATE RD 436				Mailing Address 1501 E STATE RD 436 FERN PARK FL 32730-2047					
							3. Date incorporated or Qualified 12/19/1995	3a. Date of La	,
2. Principal F	tace of Busin	ness	ļ	2a. Mailing Address			4. FEI Number Applied For		
Suite Apt.	the entry			Suite, Apt #, etc.			59-3354162		Not Applicable
22	H 1:(C		<u> </u>	27			5. Certificate of Status Desired		75 Additional e Required
City & Stat	e			City & State			6. Election Campaign Financing		00 May Be
23			28	28			Trust Fund Contribution		ded to Fees
Zip		Country	Zip		Country	/	8. This corporation has liability for i		ler s. 199.032,
24		25	29		30			Yes No	
		and Address of Cu	rrent Registered Ag	ent	81	Name	10, Name and Address of New Re	gistered Agent	
	SAR, MAR				*'	Ivame			
	4 GENOVA				82	82 Street Address (P.O. Box Number is Not Acceptable)			
OVIEDO FL 32765				63		<del> </del>			
<b> </b> 					L	<u> </u>			
					84	City		FL 85	Zip Code
I office or r	registered aţ am familiar w	gent, or both, in the S ith, and accept the o	tate of Florida. Such bligations of, Section	change was a 607.0505, Flo	uthorized b rida Statute	y the corpora s.	rporation submits this statement for the p ation's board of directors. I hereby accep	t the appointmer	ng its registered it as registered
10	Signature Types	or profed has electrical stere	d agent and title it applicable AND DIRECTORS	. (NOTE		ent signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	TODO IN 12
12.	S	OFFICERS		DELETE	13.	····	ADDITIONS/CHANGES TO OFFIC	Cha	
NAME	MASSAR	MARC	•	DECEME	1.2 NAME	- }			rige EJ Madition
SIREET ADORESS	2164 GE					ADDRESS			
STREET ALKINESS		FL 32765			1.4 CITY-1				
TITLE	P			DELETE	2.1 TITLE	27-211		Cha	nge 🔲 Addition
NAME	LYNETTE	. DARYL	·		2.2 NAME				
STREET ADDRESS		ANCE COVE			23 STREET	ADDRESS	*	1 a + 12	
City - St - ZiP	OVIEDO	FL 32765			2. 4 CITY-	ST-ZIP			
TITLE	T			DELETE	3.1 TITLE			☐ Cha	nge Addition
NAM!	LYNETTE				3.2 NAME	]			ļ
STREET ADORESS		ANCE COVE			3.3 STREE	F ADORESS			
CITY-ST 74°	OMEDO	FL 32765			3.4. CITY+	ST-ZIP			
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CiTY-S1-ZIP					4.4 CITY - :	57 - ZIP			
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STREET ADDRESS	1				ı	T ADDRESS			}
CHTY - ST - 719	ļ	······································		Dr. ET	5.4 CITY - S	ST-ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE	}		1	DELETE	61 TITLE	1		☐ Cha	nge [] Addition
NAME	J				6.2 NAME				
STREET ADDRESS	1				6.3 STREET	r address (			ĺ

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

SIGNATURE: SIGNATURE: SIGNATURE AND SECURE MANE OF SIGNAMO OFFICER OF DEPENDENT OF THE SIGNAMO OFFICER OF DEPENDENT OF THE SIGNAMO OFFICER OF DEPENDENT OF THE SIGNAMO OFFICER OFFICER OF THE SIGNAMO OFFICER OF THE SIGNAMO OFFICER OF THE SIGNAMO OFFICER OFFICER

Feb 25 47 407-349-2222

**FILED** 

Apr 16 1997 8:00am

Secretary of State