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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P96000000516 (0)**

1. Corporation Name
QUICK-RIDE AUTO SALES INC.

Principal Place of Business	Mailing Address
7103 ATLANTIC BOULEVARD **JACKSONVILLE FL 32211**	**7103 ATLANTIC BOULEVARD** **JACKSONVILLE FL 32211-6707**

2. Principal Place of Business 21 7046 Atlantic Blvd 22 Suite, Apt. #, etc. 23 City & State JACKSONVILLE FL 24 Zip 32211 25 Country USA	2a. Mailing Address 26 7046 Atlantic Blvd 27 Suite, Apt. #, etc. 28 City & State JACKSONVILLE FL 29 Zip 32211 30 Country USA

3. Date Incorporated or Qualified: 01/03/1996
3a. Date of Last Report:
4. FEI Number: 59-3352281 ☐ 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

SALLOUM, MAZEN
3959 SPRING GLEN ROAD
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **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 X [signature] MAZEN SALLOUM PRESIDENT 2-14-97
(Signature, typed or printed name of registered agent and title if applicable) (NEW Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MAZEN SALLOUM		1.2 NAME		
STREET ADDRESS	3935 pittman DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	JAX FL 32207		1.4 CITY-ST-ZIP		
TITLE	VICE PRESIDENT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SAMER SALOUM		2.2 NAME		
STREET ADDRESS	7046 Atlantic Blvd		2.3 STREET ADDRESS		
CITY-ST-ZIP	JAX FL 32211		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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] 2-14-97 (904)737-3481