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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 # **P96000017674 (8)**

1. Corporation Name
QWIK CASH TITLE LOANS, INC.

Principal Place of Business	Mailing Address
% JOHN A. MORAN, ESQ. 1819 MAIN STREET, SUITE 610 SARASOTA FL 34236	% JOHN A. MORAN, ESQ. 1819 MAIN STREET, SUITE 610 SARASOTA FL 34236-5984

3. Date Incorporated or Qualified: 03/01/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 4434 Hancock Bridge Pk	26 4434 Hancock Bdg. Pkwy
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: N. Fort Myers, FL	28 City & State: N. Fort Myers, FL
24 Zip: 33903 / 25 Country: U.S.A.	29 Zip: 33903 / 30 Country: U.S.A.

4. FEI Number: 65-0647684 ☐ 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	10. Name and Address of New Registered Agent
MORAN, JOHN A 1819 MAIN STREET SUITE 610 SARASOTA FL 34236	81 Name: Douglas P. Wilson 82 Street Address (P.O. Box Number is Not Acceptable): 4434 Hancock Bridge Parkway 83 84 City: N. Fort Myers FL 85 Zip Code: 33903

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 _____ 1/17/97
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	Officer ☒ Change ☐ Addition
NAME	GLANTZ, OWEN	1.2 NAME	Douglas P. Wilson
STREET ADDRESS	% 1819 MAIN STREET, SUITE 610	1.3 STREET ADDRESS	4434 Hancock Bridge Parkway
CITY-ST-ZIP	SARASOTA FL 34236	1.4 CITY-ST-ZIP	N. Fort Myers, FL 33903
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ Douglas P. Wilson 1/17/97 941-997-7892