

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90058 037 \*\*\*150.00

DOCUMENT # P96000048361

1. Corporation Name

SOUTHEASTERN QUICK CASH LOAN CO INCORPORATED



Principal Place of Business  
5603 EAST COLONIAL DRIVE  
ORLANDO FL 32807

Mailing Address  
5603 EAST COLONIAL DRIVE  
ORLANDO FL 32807

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1996

4. FEI Number

59-3382091

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 7186 S. FEDERAL HWY  
Suite, Apt. #, etc.

2a. Mailing Address

26 7186 S FEDERAL HWY  
Suite, Apt. #, etc.

City & State

23 Port St Lucie FL

City & State

28 Port St Lucie FL

Zip

24 34952

Country

25 St Lucie

Zip

29 34952

Country

30 St Lucie

9. Name and Address of Current Registered Agent

MASSAR, MARC  
2164 GENOVA DRIVE  
OVIEDO FL 32765

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S  
NAME LYNETTE, DANYA  
STREET ADDRESS 1004 CHANCE COVE  
CITY-ST-ZIP OVIEDO FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 488 Eastbridge Drive

1.4 CITY-ST-ZIP Oviedo, FL 32765

2.1 TITLE President ☐ Change ☒ Addition

2.2 NAME James Dunn

2.3 STREET ADDRESS 588 NE Maranta Terr.

2.4 CITY-ST-ZIP Jensen Beach, FL 34953

3.1 TITLE Vice President ☐ Change ☒ Addition

3.2 NAME Daryl Lynette

3.3 STREET ADDRESS 488 Eastbridge Drive

3.4 CITY-ST-ZIP Oviedo, FL 32765

4.1 TITLE Treasurer ☐ Change ☒ Addition

4.2 NAME Marc Massar

4.3 STREET ADDRESS 2164 Genova Drive

4.4 CITY-ST-ZIP Oviedo, FL 32765

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *James Dunn* James Dunn

X 2-24-99 X 340-5678

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0095462