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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000073412

1. Corporation Name
QUICKTRADES, INC.

Principal Place of Business

499 SHERIDAN ST
STE 200
DANIA FL 33004
US

Mailing Address

499 SHERIDIAN ST
STE #200
DANIA FL 33004
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1997

4. FEI Number

65-0753929

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MULLIN, JAMES G
2263 NW BOCA RATON BLVD #205
BOCA RATON FL 33431

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 V ☐ DELETE
NAME ALFONSO, MARIA-ELENA
STREET ADDRESS 1450 POLK ST
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE S ☐ DELETE
NAME TOMLINSON, SCOTT
STREET ADDRESS 995 WEEPING WILLOW WAY
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE T ☐ DELETE
NAME WALGRAVE, DAVE
STREET ADDRESS 209 SE 4TH TERR
CITY-ST-ZIP DANIA FL 33004

TITLE P ☐ DELETE
NAME WALGRAVE, SHAUNA
STREET ADDRESS 209 SE 4TH TERR
CITY-ST-ZIP DANIA FL 33004

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V ☒ Change ☐ Addition
1.2 NAME ALFONSO, MARIA-ELENA
1.3 STREET ADDRESS 1094 Redwood St.
1.4 CITY-ST-ZIP HOLLYWOOD, FL. 33019

2.1 TITLE S ☒ Change ☐ Addition
2.2 NAME TOMLINSON, SCOTT
2.3 STREET ADDRESS 1094 Redwood St.
2.4 CITY-ST-ZIP HOLLYWOOD, FL. 33019

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 *Special Agent in Charge* MARIA-ELENA ALFONSO 3/24/99 (954) 929-1775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)