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

PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000084842 (8)

QUICK RÉLEASE BAIL BONDS, INC.

## FILED Jun 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 6003 NW 31ST AVENUE FORT LAUDERDALE FL 33309 6003 NW 31ST AVENUE FORT LAUDERDALE FL 33309 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/30/1997 2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 30 Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ACHILLE, JEAN R 8003 NW 31ST AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33309 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Statules. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature: typed or printed nace: of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE **ACHILLE, JEAN R** NAME 1.2 NAME 6003 NW 31ST AVENUE STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL 33309 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-S1-ZIP DELETE TITLE 4.1 TITLE Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE 5.1 I(I) F NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 30000256494949 TITLE DELETE 6.1 TITLE Addition NAME 6.2 NAME -06/19/98--01017--0**0**5 STREET ADDRESS 6.3 STREET ADDRESS \*\*\*558.00 CITY-ST-ZIP 6.4 CITY - \$1 - ZIP

14. Thereby 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 supplienced an annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that have an officer or director of the corporation or the preciver fir 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 all dischminist with an address.

MANATURE.

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