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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90036 046 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000097283

1. Corporation Name

QUICK CASH CONVERSION, INC.



Principal Place of Business
4100 N.E. 1ST AVE., NO. 1
MIAMI FL 33137

Mailing Address
4100 N.E. 1ST AVE., NO. 1
MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1997

4. FEI Number

65-0795133

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

7. Trust Fund Contribution ☐

8. This corporation owes the current year's

Personal Property Tax.

Intangible

Yes ☒ No ☐

2. Principal Place of Business
6039 Collins Avenue

2a. Mailing Address
P.O. Box 40-2842

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. Miami Beach, Florida

27. Miami Beach, Florida

23. 33140

28. 33140-2842

24. Zip

29. Zip

25. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAIL, BETTY
4100 N.E. 1ST AVE., NO. 1
MIAMI FL 33137

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

6039 Collins Avenue #6232

83.

Miami Beach

84. City

FL

85. Zip Code

33140

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

4-17-99

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
KAIL, BETTY
4100 N.E. 1ST AVE., NO. 1
MIAMI FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
6039 Collins Avenue
Miami Beach, Florida 33140-2842
P.O. Box 40-2842
Miami Beach, Florida 33140-2842

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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:

Betty Kail Betty Kail

4-19-99

Date

Daytime Phone #

CR2E034 (11/98)