**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000011433

1. Corporation Name

STREET ADDRESS

E-Z QUICK LOANS, INC.

## Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90296 044 \*\*\*150.00



Principal Place	e of Business	Ma	ailing Address						<b>691 (18 1919)   11()) (89)</b>	iis #Olil Obili	AMIN'S HAMIN'S STAFF		
434B EAST MERRITT ISLAND CAUSEWAY MERRITT ISLAND FL 32952 434B EAST MERRITT ISLAND FL 32952					CAUSEWAY				DO NOT V	VRITE IN	THIS SPACE		
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			a. Mailing Address					59.34		•	-	<b>-</b>	Applicable
Suite, Apt.	# etc	26	Suite, Apt. #, etc	· <i></i>	_						\$8.7		lditional
22	, =	27	•					5. Certificate	of Status Desired	d []		e Requ	
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23		28							d Contribution			led to	Fees
Zip 24	Country	29	Zip 	30	Country	· 		Personal	oration owes the Property Tax.		Yes	2	<b>≾</b> No
	9. Name and Address of Curre	ent Regis	tered Agent					10. Name an	d Address of Ne	w Registe	red Agent	_	
HOM	NADO CYNTHIA R				81	Nam	е		<u> </u>				
HOWARD, CYNTHIA B 434B EAST MERRITT ISLAND CAUSEWAY				82	Stree	at Addre	ss (P.O. Box No	imber is Not Acc	eptable)				
	RRITT ISLAND FL 32952				83	<del> </del>							
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					84	) '			•		┡┖╎╎		]
11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the State	02 and 6	07.1508, Florida S	Statutes, the	the above	e-name	d corpor	ration submits to	his statement for	the purpos	se of changin	g its re is regis	egistered stered
agent. I A	in fam <u>iliar with, and accept</u> the oblig	ations of.	Section 607 050	5 Florida	Statutes		portation	_	4				
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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: