

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
GARY S. B. MURPHY
Secretary of State
1995

**APPROVED
AND
FILED**

05 MAY -1 AM 5:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L00770**

(2)

QUINMASS, INC.

Principal Place of Business: 1755 NORTH CONGRESS AVENUE, BOYNTON BEACH FL 33426
Mailing Address: 1755 NORTH CONGRESS AVENUE, BOYNTON BEACH FL 33426

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification 07/10/1989	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0319540	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under S. 193(3)(b) Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
State, Apt. # etc. 22	State, Apt. # etc. 27
City & State 23	City & State 28
Zip 24	Country 29

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CRITCHFIELD, RICHARD H 1745 N. CONGRESS AVE. BOYNTON BEACH FL 33426		B1. Name	
		B2. Street Address (P.O. Box Number is Not Acceptable)	
		B3.	
		B4. City	FL B5. Zip Code

11. Pursuant to the provisions of Sections 817.03(4) and 817.03(2) Florida Statutes, the above named corporation certifies the statement for the purpose of changing its registered office or registered agent or both in the State of Florida for its change was authorized by the corporation's board of directors, hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: WALSH, MARK	12. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1755 N. CONGRESS AVE.	CITY, ST, ZIP: BOYNTON BEACH FL	13. NAME	
		14. STREET ADDRESS	
		15. CITY, ST, ZIP	
TITLE: TD	NAME: WALSH, WILLIAM	12. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1755 N. CONGRESS AVE.	CITY, ST, ZIP: BOYNTON BEACH FL	13. NAME	
		14. STREET ADDRESS	
		15. CITY, ST, ZIP	
TITLE: VD	NAME: WALSH, MICHAEL	12. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1755 N. CONGRESS AVE.	CITY, ST, ZIP: BOYNTON BEACH FL	13. NAME	
		14. STREET ADDRESS	
		15. CITY, ST, ZIP	
TITLE: S	NAME: CRITCHFIELD, RICHARD H	12. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1745 N CONGRESS AVE.	CITY, ST, ZIP: BOYNTON BEACH FL	13. NAME	
		14. STREET ADDRESS	
		15. CITY, ST, ZIP	
TITLE:	NAME:	12. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY, ST, ZIP:	13. NAME	
		14. STREET ADDRESS	
		15. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and that I am qualified for the responsibility stated in Section 817.03(4)(b) 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 firm or individual registered to exercise the right of incorporation as required by Chapter 192, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in an attached report or an addition.

SIGNATURE: *Mark Walsh* Mark Walsh 4/30/95 407-279-9900
SIGNATURE AND TYPE OR PRINTED NAME OF INDIVIDUAL SIGNING