

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M96157 (6)**

1. Corporation Name
S.E. QUINTAVALLE ENTERPRISES INC.



Principal Place of Business: **% SCOTT E. QUINTAVALLE, 420 N.E. 23RD AVE, POMPANO BEACH FL 33062**

Mailing Address: **% SCOTT E. QUINTAVALLE, 420 N.E. 23RD AVE, POMPANO BEACH FL 33062**

3. Date Incorporated or Qualified: **08/26/1988**

3a. Date of Last Report: **04/14/1995**

4. FEI Number: **65-0085981**

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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc. 960 LYONS PARK DR.	26	Suite, Apt. #, etc. 960 LYONS PARK DR.
22	City & State POMPANO BEACH FL.	27	City & State POMPANO BEACH FL.
23	Zip 33060	28	Country U.S.A.
24	Country U.S.A.	29	Zip 33060
25	City POMPANO BEACH FL.	30	Country U.S.A.

9. Name and Address of Current Registered Agent
**QUINTAVALLE, SCOTT E.
420 N.E. 23RD AVE
POMPANO BEACH FL 33062**

10. Name and Address of New Registered Agent

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	960 LYONS PARK DR.
83	City	POMPANO BEACH
84	State	FL
85	Zip Code	33060

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: **SCOTT E. QUINTAVALLE PRESIDENT** *Scott E. Quintavalle* DATE: **7/1/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	QUINTAVALLE, SCOTT E.	
STREET ADDRESS	420 N.E. 23RD AVE	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	CLOTHIER, KRISTINA S.	
STREET ADDRESS	420 N.E. 23RD AVE	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	960 LYONS PARK DR.
1.4 CITY - ST - ZIP	POMPANO BEACH FL 33060
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	960 LYONS PARK DR.
2.4 CITY - ST - ZIP	POMPANO BEACH FL 33060
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Scott E. Quintavalle* **SCOTT E. QUINTAVALLE** PRESIDENT DATE: **7/1/96** PHONE: **954-782-7325**

CR2E034 (12/95)