

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

CORPORATION ANNUAL REPORT 1995

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



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 AM 10:16

DOCUMENT # P94000044423 (9)

1. Corporation Name  
**QUIJOTE PRODUCTS, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 4403 VINELAND RD ORLANDO FL 32811  
Mailing Address: 4403 VINELAND RD ORLANDO FL 32811

3. Date incorporated or Qualified: 06/09/1994  
3a. Date of Last Report

2. Principal Place of Business: 4305 VINELAND RD, SUITE G9, ORLANDO, FL 32811  
2a. Mailing Address: 4305 VINELAND RD, SUITE G9, ORLANDO, FL 32811

4. FEI Number: 59-3281653  
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. 109.012 Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: CARONE, MAYDA M, 5656 BAY SIDE DR, ORLANDO FL 32819-4045

10. Name and Address of New Registered Agent: (Blank)

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: MAYDA M. CARONE (Registered Agent signature required when registering) DATE: 4/29/95

12. OFFICERS AND DIRECTORS

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
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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

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY ST ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY ST ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY ST ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(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 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 as an attachment with an address.

SIGNATURE: MAYDA CARONE DATE: 4/29/95 (407)  
843-0580  
843-0580