

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Mar 19 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000014202 (2)
1. Corporation Name
QRS 10-18 (FL), INC.



Principal Place of Business
**50 ROCKEFELLER PLAZA
NEW YORK NY 10020**

Mailing Address
**50 ROCKEFELLER PLAZA
NEW YORK NY 10020-1605**

3. Date Incorporated or Qualified **02/20/1995** 3a. Date of Last Report **08/12/1996**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

4. FEI Number **APPLIED FOR 13-3810595** Applied For Not Applicable

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

9. Name and Address of Current Registered Agent
**THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST, 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.04-02 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAREY, WILLIAM	1.2 NAME	
STREET ADDRESS	50 ROCKEFELLER PLAZA, 2ND FL	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10020	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWNSEND, CHARLES C	2.2 NAME	
STREET ADDRESS	50 ROCKEFELLER PLAZA, 2ND FL	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10020	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAREY, FRANCIS	3.2 NAME	
STREET ADDRESS	50 ROCKEFELLER PLAZA, 2ND FL	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10020	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBURN, RALPH G	4.2 NAME	
STREET ADDRESS	50 ROCKEFELLER PLAZA, 2ND FL	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10020	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICKELSON, DONALD E	5.2 NAME	
STREET ADDRESS	50 ROCKEFELLER PLAZA, 2ND FL	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10020	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDER, WILLIAM	6.2 NAME	
STREET ADDRESS	50 ROCKEFELLER PLAZA, 2ND FL	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10020	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Robert G. Kelly* 1/31/97 010 (99) 1160

CR2E034 (9/96)