

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000085716 (5)

1. Corporation Name
QUAD SOUTH, INC.



Principal Place of Business: 5635 SOUTH HWY. A1A SUITE 402 MELBOURNE BEACH FL 32951
Mailing Address: 5635 SOUTH HWY. A1A SUITE 402 MELBOURNE BEACH FL 32951

3. Date Incorporated or Qualified: 11/06/1995
3a. Date of Last Report: 11/06/1995
4. FEI Number: 59-3357450
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: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 27
Zip: 24
Country: 25
Country: 29

9. Name and Address of Current Registered Agent
**YOUNESS, GAIL M
5635 SOUTH HWY. A1A
SUITE 402
MELBOURNE BEACH FL 32951**

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

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT (DIRECTOR) <input type="checkbox"/> DELETE
NAME	MICHAEL R. YOUNESS
STREET ADDRESS	5635 S. HWY. A1A #402
CITY-ST-ZIP	MELBOURNE BLV, FL 32951
TITLE	SECY - TREAS (DIRECTOR) <input type="checkbox"/> DELETE
NAME	GAIL M. YOUNESS
STREET ADDRESS	5635 S. HWY. A1A #402
CITY-ST-ZIP	MELBOURNE BLV., FL 32951
TITLE	DIRECTOR <input type="checkbox"/> DELETE
NAME	PAUL B. YOUNESS
STREET ADDRESS	16422 ERIN
CITY-ST-ZIP	FRASER MI 48026
TITLE	DIRECTOR <input type="checkbox"/> DELETE
NAME	ROBERT GADDIE
STREET ADDRESS	29104 JEFFERSON
CITY-ST-ZIP	ST. CLAIR SHORGE, MI 48081
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	200001838212
4.4 CITY-ST-ZIP	-05/24/96--01030--002
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	***200.00
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: Gail M. Youness 3-26-96 407-253-5832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: GAIL M. YOUNESS Date: Daytime Phone #

CR2E034 (12/95)