

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

**FILED**  
**May 01 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 # P95000085716 (5)**

1. Corporation Name  
**QUAD SOUTH, INC.**



Principal Place of Business <b>6635 SOUTH HWY. A1A                  SUITE 402                  MELBOURNE BEACH FL 32951</b>	Mailing Address <b>6635 SOUTH HWY. A1A                  SUITE 402                  MELBOURNE BEACH FL 32951-3336</b>
--	---

3. Date Incorporated or Qualified <b>11/06/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-3357450</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21 172 ULSTER LANE</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 AS ABOVE</b> Suite, Apt. #, etc.
22 City & State <b>23 MELBOURNE, FL</b>	27 City & State
24 <b>32935</b> 25 <b>BREVARD</b>	28 Zip Country
29	30 Zip Country

9. Name and Address of Current Registered Agent  
**YOUNESS, GAIL M  
 6635 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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	YOUNESS, MICHAEL R	
STREET ADDRESS	6635 SOUTH HWY. A1A #402	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	YOUNESS, GAIL M	
STREET ADDRESS	6635 SOUTH HWY. A1A #402	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YOUNESS, PAUL B	
STREET ADDRESS	16422 ERIN	
CITY-ST-ZIP	FRASER MI 48026	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GADDIE, ROBERT	
STREET ADDRESS	29104 JEFFERSON	
CITY-ST-ZIP	ST CLAIR SHORES 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

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

CR2E034 (9/96)