

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

**FILED**  
**May 12 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000085716 (5)**  
 1. Corporation Name  
**QUAD SOUTH, INC.**



Principal Place of Business <b>172 ULSTER LANE                  SUITE 402                  MELBOURNE BEACH FL 32951                  US</b>	Mailing Address <b>5635 SOUTH HWY. A1A                  SUITE 402                  MELBOURNE BEACH FL 32951</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> Principal Place of Business	<b>2a.</b> Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
Zip	Country
<b>24</b>	<b>25</b>
<b>26</b>	<b>29</b>
<b>30</b>	

<b>3.</b> Date incorporated or Qualified <b>11/06/1995</b>	Applied For <input type="checkbox"/> Not Applicable
<b>4.</b> FEI Number <b>59-3357450</b>	
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> Zip Code

**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 officer 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNESS, MICHAEL R	1.2 NAME	
STREET ADDRESS	5635 SOUTH HWY. A1A #402	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNESS, GAIL M	2.2 NAME	
STREET ADDRESS	5635 SOUTH HWY. A1A #402	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNESS, PAUL B	3.2 NAME	
STREET ADDRESS	16422 ERIN	3.3 STREET ADDRESS	
CITY-ST-ZIP	FRASER MI 48028	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GADDIE, ROBERT	4.2 NAME	
STREET ADDRESS	29104 JEFFERSON	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLAIR SHORES MI 48061	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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**14.** I 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: *Gail M. Youness*, GAIL M. YOUNESS 5-1-98 407-253-8878

CR2E034 (10/97)