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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P95000085716**

1. Corporation Name
QUAD SOUTH, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
172 ULSTER LANE SUITE 402 MELBOURNE BEACH FL 32951 US	5635 SOUTH HWY. A1A SUITE 402 MELBOURNE BEACH FL 32951

3. Date Incorporated or Qualified	11/06/1995
4. FEI Number	59-3357450
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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 **FL** 85 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 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD YOUNESS, MICHAEL R	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5635 SOUTH HWY. A1A #402	1.2 NAME	
STREET ADDRESS	MELBOURNE BEACH FL 32951	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	STD YOUNESS, GAIL M	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5635 SOUTH HWY. A1A #402	2.2 NAME	
STREET ADDRESS	MELBOURNE BEACH FL 32951	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D YOUNESS, PAUL B	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16422 ERIN	3.2 NAME	
STREET ADDRESS	FRASER MI 48026	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D GADDIE, ROBERT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	29104 JEFFERSON	4.2 NAME	
STREET ADDRESS	ST CLAIR SHORES MI 48081	4.3 STREET ADDRESS	
CITY-ST-ZIP		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	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *GAIL M. YOUNESS* 3/29/99 407-779-0210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)