

**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 # **333165** (9)

1. Corporation Name

**QSR, INC.**



Principal Place of Business: **6300 N.W. 31ST AVENUE FT. LAUDERDALE FL 33309**  
Mailing Address: **6300 N.W. 31ST AVENUE FT. LAUDERDALE FL 33309**

3. Date Incorporated or Qualified <b>07/29/1968</b>	3a. Date of Last Report <b>03/20/1995</b>
4. FEI Number <b>59-1407163</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip	23. Country	24. Country
25	26	27	28
29	30		

9. Name and Address of Current Registered Agent <b>ECONOMOU, CHRIS A 6300 N.W. 31ST AVENUE FT. LAUDERDALE FL 33309</b>	10. Name and Address of New Registered Agent 81 Name <b>Frank M. Puthoff</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>6300 N.W. 31st Avenue</b> 83 84 City <b>Ft. Lauderdale</b> FL 85 <b>33309</b>
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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 607.0502, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PD</b>	NAME: <b>FERLYN, DONALD</b>	1.1 TITLE: <b>PD</b>	NAME: <b>Russo, Thomas J.</b>
STREET ADDRESS: <b>6300 NW 31ST AVENUE</b>	CITY-ST-ZIP: <b>FT. LAUDERDALE FL</b>	1.2 NAME: <b>Russo, Thomas J.</b>	1.3 STREET ADDRESS: <b>6300 N.W. 31st Ave</b>
TITLE: <b>DP</b>	NAME: <b>RUSSO, THOMAS J.,</b>	1.4 CITY-ST-ZIP: <b>Ft. Lauderdale, FL</b>	2.1 TITLE: <b>VTD</b>
STREET ADDRESS: <b>6300 NW 31ST AVENUE</b>	CITY-ST-ZIP: <b>FT. LAUDERDALE FL 33309</b>	2.2 NAME: <b>Woda, Jerry</b>	2.3 STREET ADDRESS: <b>6300 NW 31st Ave</b>
TITLE: <b>DELETED</b>	NAME: <b>DELETED</b>	2.4 CITY-ST-ZIP: <b>Ft. Lauderdale, FL</b>	2.4 NAME: <b>VSD</b>
TITLE: <b>DELETED</b>	NAME: <b>DELETED</b>	3.1 TITLE: <b>DELETED</b>	3.2 NAME: <b>Puthoff, Frank</b>
TITLE: <b>DELETED</b>	NAME: <b>DELETED</b>	3.3 STREET ADDRESS: <b>6300 NW 31st Ave</b>	3.4 CITY-ST-ZIP: <b>Ft. Lauderdale FL</b>
TITLE: <b>DELETED</b>	NAME: <b>DELETED</b>	4.1 TITLE: <b>DELETED</b>	4.2 NAME: <b>DELETED</b>
TITLE: <b>DELETED</b>	NAME: <b>DELETED</b>	4.3 STREET ADDRESS: <b>DELETED</b>	4.4 CITY-ST-ZIP: <b>DELETED</b>
TITLE: <b>DELETED</b>	NAME: <b>DELETED</b>	5.1 TITLE: <b>DELETED</b>	5.2 NAME: <b>DELETED</b>
TITLE: <b>DELETED</b>	NAME: <b>DELETED</b>	5.3 STREET ADDRESS: <b>DELETED</b>	5.4 CITY-ST-ZIP: <b>DELETED</b>
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TITLE: <b>DELETED</b>	NAME: <b>DELETED</b>	6.3 STREET ADDRESS: <b>DELETED</b>	6.4 CITY-ST-ZIP: <b>DELETED</b>

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: By: *[Signature]* **Frank Puthoff, VP/S** (954) 973-0000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)