FILED

Mar 29, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1. Corporation	MENT # 480177 QUORS, INC.						
Principal Place of Business Mailing Address					I (SOUS DIDA) INVESTIGATION SERVICES		
3300 N 29TH A	VF	3300 N 29TH AVE					
STE 102	,,,	STE 102					
HOLLYWOOD F	L 33020	HOLLYWOOD FL 33020			DO NOT WRITE IN THIS	SPACE	
US		US			3. Date Incorporated or Qualifed 07/08/1975		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	App	olied For
21		26			59-1607616		Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	* \$8.75 A Fee Red	
City & State	е .	City & State		<u> </u>	6. Election Campaign Financing Trust Fund Contribution	\$5.00 (Added to	
Zip	Country	Zip	Country 30	· -	This corporation owes the current year In Personal Property Tax.		□No
24	9. Name and Address of Curren	29 29	30]		10. Name and Address of New Registered	./\	
	9. Name and Address of Corner	it vedisteten viletir	81	Name	19. Hame the Maries of Heavilland		
GILYARD, HENRY					GARY HACKER		
	MAYO ST	•	82		ess (P.O. Box Number is Not Acceptable) 3300 N 29TH AVE STE 102		
	LYWOOD FL 33020		83		3300 N 291H AVE SIE 102_	· · · · · · · · · · · · · · · · · · ·	
			L			·	
			84	City	HOLL VIJOOD FL	85 Zip C	020
11. Pursuant office or re	to the provisions of Sections 607.950 egistered agent, or both, in the State or familiar with and accept the obliga	2 and 607.1508, Florida Statu of Florida, Such change was a tions of Section 607.0505, Flo	tes, the above authorized by torida Statutes.	-named corporation	HOLLYWOOD oration submits this statement for the purpose of oration submits this statement for the purpose of oration submits this statement for the purpose of orations are statement for the purpose	changing its intment as reg	registered jistered
	Medil		Macken		3/25/8	4	
SIGNATURE	Signature would or printed name of registered ager		: Registered Agent			/	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	GILYARD, HENRY	•	1.2 NAME				
STREET ADDRESS	2324 MAYO ST		1.3 STREET	ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST	- ZIP			T Addition
TITLE	VP	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	0//// 2//, 12///// 2		2.2 NAME	1			1
STREET ADDRESS	2324 MAYO ST		2.3 STREET			- ·	
CITY-ST-ZIP	-HOLLYWOOD FL		2. 4 CITY- S	T-ZIP .		☐ Change	Addition
TITLE	•	☐ DELETE	3.1 TITLE			[_] Griatige	C) Addition
NAME			3.2 NAME				Į
STREET ADDRESS			3.3 STREET				
CITY-ST-ZIP			3.4. CITY- S	T-ZIP		Change	Addition
TITLE			4.1 TITLE		•		
NAME			4. 2 NAME	**************************************			
STREET ADDRESS			4.3 STREET	- 1			
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST 5.1 TITLE	1-217		Change	Addition
Ì	· •		5.2 NAME			- •	
NAME STREET ADORSES			5.3 STREET	ADDRESS			
STREET ADORESS			5.4 CITY-ST				
CITY-ST-ZIP			6.1 TITLE				Addition
TITLE 1			Q.1 111 LL	ı		Change	
TITLE NAME		☐ DELETE	6.2 NAME			Change	

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)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 employeed of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Daytime Phone #