

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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **663037** (0)
1. Corporation Name
Q S A CORP.



Principal Place of Business
**1250 E HALLANDALE BLVD 500
POST OFFICE BOX 1987
HALLANDALE FL 33009
US**

Mailing Address
**P.O. BOX 3864
POST OFFICE BOX 1987
HALLANDALE FL 33008-3864
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 2450 Hollywood Blvd	26 P O Box 3777		
Suite, Apt. #, etc. 22 Suite 209	Suite, Apt. #, etc. 27		
City & State 23 Hollywood FL	City & State 28 Hallandale FL		
Zip 24 33020	Country 25 Bwd	Zip 29 33008-3777	Country 30 Bwd

3. Date Incorporated or Qualified 12/13/1979	
4. FEI Number 59-2131131	Applied For Not Applicable
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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LONSCHEIN, IRWIN 1250 E HALLANDALE BLVD 500 HALLANDALE FL 33009		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable) 2450 Hollywood Blvd # 209	
		83	
		84 City Hollywood	85 Zip Code FL 33020

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONSCHEIN, IRWIN	12 NAME	
STREET ADDRESS	1250 E HALLANDALE BLVD 500	13 STREET ADDRESS	2450 Hollywood Blvd # 209
CITY-ST-ZIP	HALLANDALE FL	14 CITY-ST-ZIP	Hollywood FL 33020
TITLE	P	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONSCHEIN, IRWIN	22 NAME	
STREET ADDRESS	1250 E. HALLANDALE BEACH BLVD., #500	23 STREET ADDRESS	2450 Hollywood Blvd # 209
CITY-ST-ZIP	HALLANDALE FL	24 CITY-ST-ZIP	Hollywood FL 33020
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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: _____ (305) 921-5418

CP2E034 (10/97)