

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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000004047 (4)**

1. Corporation Name
Q-ZAR FRANCHISING, INC.

Principal Place of Business
**1701 N MARKET #200
DALLAS TX 75202**

Mailing Address
**1701 N MARKET #200
DALLAS TX 75202-1867**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/06/1996	3a. Date of Last Report N/A
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 75-2508257	Applied For Not Applicable		
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
STOUT, ELIZABETH 3855 E COLONIAL DR ORLANDO FL 32803		81. Name CT Corporation Systems 82. Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road 83. 84. City Plantation FL 85. Zip Code 33324	

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: *[Signature]* **Special Asst. Secretary** **April 30, 1997**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P BUTLER, TOM	1.2 NAME	
STREET ADDRESS	1701 N MARKET #200	1.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75202	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S COOKE, JOHN	2.2 NAME	COOKE, John
STREET ADDRESS	1701 N MARKET #200	2.3 STREET ADDRESS	1701 N. Market #200
CITY-ST-ZIP	DALLAS TX 75202	2.4 CITY-ST-ZIP	Dallas TX 75202
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Varsano, Steve
STREET ADDRESS		3.3 STREET ADDRESS	1701 N. Market #200
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Dallas TX 75202
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Stout, Elizabeth
STREET ADDRESS		4.3 STREET ADDRESS	1701 N. Market #200
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Dallas, TX 75202
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 do 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 included 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: *[Signature]* **4/30/97 (214) 741-1376**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)