

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED
AND
FILED

96 SEP -3 PM 12: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J91013
1. Corporation Name
QUAIL RIDGE DEVELOPMENT COMPANY OF NEW PORT RICHEY, INC.

Principal Place of Business / Mailing Address
**7634 MASSACHUSETTS AVE
NEW PORT RICHEY, FL. 34653-3022**

3. Date incorporated or Qualified 9-4-1987	3a. Date of last Report 7-10-1995
4. FEI Number 59-2839002	Applied For <input type="checkbox"/> Not Applied For
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributor <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 190.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. SAME AS ABOVE State, Apt #, etc	26. SAME AS ABOVE State, Apt #, etc
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent
**DR. PETER MEYER
16744 CARACARA CT.
SPRING HILL, FL. 34610**

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 607.0602 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 responsibilities of Section 607.0606, Florida Statutes.

SIGNATURE: **DR. PETER MEYER DP** *Meyer* **8-29-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	NAME DR. PETER MEYER	TITLE	NAME
STREET ADDRESS #16744 CARACARA CT.	CITY, ST, ZIP SPRING HILL, FL. 34610	STREET ADDRESS	CITY, ST, ZIP
TITLE DST	NAME ANJA MEYER	TITLE	NAME
STREET ADDRESS #16744 CARACARA CT.	CITY, ST, ZIP SPRING HILL, FL. 34610	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY, ST, ZIP	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY, ST, ZIP	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY, ST, ZIP	STREET ADDRESS	CITY, ST, ZIP

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****225.00 ****225.00

14. I declare by oath that the information supplied herein is true and correct, and I am not guilty for the exemption status in Section 1190.04-2, Florida Statutes. I further certify that the agent named herein is the duly qualified and authorized agent of the corporation, and I am not guilty for the exemption status in Section 1190.04-2, Florida Statutes. I made under oath that there are no other officers or directors of the corporation or the fees set or to be set by the Department of State, Chapter 17, Florida Statutes, and that my name appears in Block 12 or Block 13, for myself or an attorney with an address:

SIGNATURE: **DR. PETER MEYER DP** *Meyer* **8-29-96 (813) 847-5473**

CP2E034 (3/96)