

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

FILED

Jan 14 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 # **K46695** (8)

1. Corporation Name  
**A QUICK BOARD UP SERVICE, INC.**

Principal Place of Business <b>1261 NW 116TH AVE PLANTATION FL 33323</b>	Mailing Address <b>1261 NW 116TH AVE PLANTATION FL 33323-2448</b>
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3. Date Incorporated or Qualified <b>11/22/1988</b>	3a. Date of Last Report <b>03/28/1996</b>
4. FEI Number <b>65-0089445</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent <b>KALEKY, DAN . 1261 NW 116TH AVE. PLANTATION FL 33323</b>	10. Name and Address of New Registered Agent
	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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]* **DAN Kaleky** 1/7/97  
Signature, typed or printed name of registered agent and filer, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATULIPPE, GEORGE LOUIS	1.2 NAME	Daniel Kaleky
STREET ADDRESS	1171 NE 42ND COURT	1.3 STREET ADDRESS	1261 NW 116 Ave
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	Plantation FL 33323
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORITZ, WAYNE J.	2.2 NAME	Wayne Moritz
STREET ADDRESS	22545 SAWFISH TERRACE	2.3 STREET ADDRESS	22545 Sawfish Ter
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Boca Raton FL
TITLE	DST <input type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KALEKY, DANIEL ALLEN	3.2 NAME	Estelle Moritz
STREET ADDRESS	1261 NW 116TH AVE	3.3 STREET ADDRESS	22545 Sawfish Ter
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	Boca Raton, FL
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Pamela Kaleky
STREET ADDRESS		4.3 STREET ADDRESS	1261 NW 116 Ave
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Plantation FL
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
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	
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 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 omitted, or on an attachment with an address.

SIGNATURE: *[Signature]* 1/7/97 954-764-4282  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)