

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.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K57011** (4)

1. Corporation Name

**QUALITY SEARCH, INC.**



Principal Place of Business

Mailing Address

**2691 E. OAKLAND PARK BLVD.  
SUITE 201  
FT. LAUDERDALE FL 33306**

**2691 E. OAKLAND PARK BLVD.  
SUITE 201  
FT. LAUDERDALE FL 33306**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

**01/05/1989**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**65-0091311**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KLEWICKI, PAUL CASIMIR  
2691 E. OAKLAND PARK BLVD  
SUITE 201  
FT. LAUDERDALE FL 33306**

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 607.0502 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 type for principal place of business agent and the applicable

(If "Other" Required Agent signature required when registering)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **KLEWICKI, PAUL CASIMIR**  
STREET ADDRESS **2691 E. OAKLAND PK BLVD**  
CITY - ST - ZIP **FT. LAUDERDALE FL**

11 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

12 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

13 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

14 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

21 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

22 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

23 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

24 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

31 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

32 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

33 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

34 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

41 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

42 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

43 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

44 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

51 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

52 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

53 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

54 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

62 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

63 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

64 CITY - ST - ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

*Paul C. Klewicki* **PAUL C. KLEWICKI**

**7/17/96**

**954 561 1771**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)