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Jun 19 1997 8:00am
Secretary of State

PROFIT CORPORATION, ANNUAL REPORT 1997



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

DOCUMENT # 1. Corporation Name
QUINCY U.S. INC.

Principal Place of Business: **8640 Seminole Blvd SEMINOLE, FLORIDA 33772**
Mailing Address: **P.O. Box 38 DORSET, ONTARIO CANADA POA1EO**

2. Principal Place of Business	2a. Mailing Address
21 8640 Seminole Blvd	26 P.O. Box 38
22 Suite, Apt. #, etc.	27 DORSET
23 City & State Seminole, Florida	28 City & State ONTARIO
24 Zip 33772 Country USA	29 Zip POA1EO Country CANADA

3. Date Incorporated or Qualified Feb. 13, 1989	3a. Date of Last Report 1996
4. FEI Number 650104355	Applied For <input type="checkbox"/> 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 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
**PETER T. HOFSTRA
DELOACH & HOFSTRA
8640 SEMINOLE BLVD. SEMINOLE
FLORIDA 33772**

10. Name and Address of New Registered Agent

81 Name	FL		
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 607.1508, 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 **PETER T. HOFSTRA**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	HERBERT HICKLING	
STREET ADDRESS	P.O. Box 38 (N/A)	
CITY-ST-ZIP	DORSET, ONTARIO, CANADA POA1EO	
TITLE	SECRETARY/TREASURER	<input type="checkbox"/> DELETE
NAME	ANTHONY W. VANDERKOLFF	
STREET ADDRESS	4629 KINGSTON Rd.	
CITY-ST-ZIP	WEST HILL, ONTARIO, CANADA M1E 2P7	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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-06/20/97-01027-001
*****165.00**

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 changed, or on an attachment with an address

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: **APRIL 30, 1997** (905) 766-0354

CR2E034 (9/96)