

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**

95 AUG -7 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **L21552 (9)**

1. Corporation Name  
**THOMAS & QUINLAN, INC.**

Principal Place of Business Mailing Address  
**MERIC S. GLATTER** **MERIC S. GLATTER**  
100 NE 3RD AVE., STE. 850 100 NE 3RD AVE., STE. 850  
FT. LAUDERDALE FL 33301-1146 FT. LAUDERDALE FL 33301-1146

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/06/1989** 3a. Date of Last Report **05/09/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		<b>65-0155874</b>		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		23			
Zip	Country	Zip	Country	24		8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent			
<b>GLATTER, ERIC S.</b> <b>100 NE 3RD AVENUE</b> <b>SUITE 850</b> <b>FT. LAUDERDALE FL 33301-1146</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				<b>FL</b>			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINLAN, MICHAEL F.	12 NAME	Quinlan, Michael F
STREET ADDRESS	3467 W. HILLSBOROUGH BLV	13 STREET ADDRESS	1239 E Newport Ctr Dr #105
CITY ST ZIP	DEERFIELD BCH FL	14 CITY ST ZIP	Deerfield Bch, FL 33442
TITLE	VD	21 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, PAUL E.	22 NAME	Thomas, Paul E
STREET ADDRESS	3467 W. HILLSBOROUGH BLV	23 STREET ADDRESS	1239 E Newport Ctr Dr #105
CITY ST ZIP	DEERFIELD BCH FL	24 CITY ST ZIP	Deerfield Bch, FL 33442
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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 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: Michael F. Quinlan Paul E. Thomas 7/8/95 305-570-7909  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Optional Phone #)