

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 # L41197 (9)

1. Corporation Name:
NORTHWEST QUADRANT EQUITY, INC.

Principal Place of Business
50 N LAURA ST. STE 3100
P O BOX 4548
JACKSONVILLE FL 32201-4548
US

Mailing Address
50 N LAURA ST. STE 3100
P O BOX 4548
JACKSONVILLE FL 32201-4548
US



3. Date Incorporated or Qualified 01/09/1990	3a. Date of Last Report 04/15/1996
4. FEI Number 59-2981552	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 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

BRANT, MOORE, SAPP, MACDONALD & WELLS, P.A
50 N LAURA ST
BARNETT CENTER, STE 3100
JACKSONVILLE FL 32201

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 607.1508, 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 of officer, director, or other authorized agent and not applicable

(If Filer Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 changed, or on an attachment with an address.

SIGNATURE:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 3, 1997 (904) 353-3100
Date Daytime Phone #

CR2E034 (9/96)