## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION ANNUAL REPORT 1997 DOCUMENT # L67314



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(9)

Sep 19 1997 8:00am
Secretary of State

**FILED** 

QUAD R	ENTING, INC.									
Principal Place of Business Mailing Address								DE BABAI BIBIE	OTOFI DIVIN BION	0101  10#
* HEIDI BEKIE	MPIS	% HEIDI BEKIEMPIS	% HEIDI BEKIEMPIS							
11700 N. 58TH	12106 N 56TH ST #385				Ì					
TAMPA FL 336	17	TAMPA FL 33617	TAMPA FL 33617 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 3a. Date of Last Report				
		00				- 1	04/19/1990	1	/15/1996	.epon
2. Principal Pl	ace of Business	2a. Mailing Address					FEI Number			oplied For
21	<b>3.0</b> 5. 2.55	26				"	59-3003882		<b>⊢</b>	of Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						+		Additional
22		27				5.	Certificate of Status Desired		Fee Re	equired
City & State	)	City & State			6.	Election Campaign Financing		\$5.00	May Be	
23		28					Trust Fund Contribution		Added t	to Fees
Zip	Country	Zip	Cou			This corporation owes or has p				
24	25 9. Name and Address of Currer	29	30				Personal Property Tax due Juni Name and Address of New R			_ No
BEV	<del></del>	it Lehistalen Whalit		81	Name	10.	Name and Address of New N	agistereu	Agent	,
	IEMPIS, VINCENT D8 N 56TH ST									
	76 N 361 N 31 TE #385			82	Street Add	lress (P.	O. Box Number is Not Accepta	ble)		
	PA FL 33617			83					P14-1-114	
1730	7712 00017		ļ							
				84	City			FL	85 Zip	Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the at	DOVE	named cor	poration	n submits this statement for the		f changing it	ls registered
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida, Such change was a ations of Section 607 0505. Fig	authorizeo arida Stat	d by utes	the corpora	ition's b	oard of directors. I hereby acce	pt the app	ointment as	registered
SIGNATURE										
	Signature, typied or printed name of registered ago		L Registered	d Agen	i signature requ			DATE		
12.		D DIRECTORS	13.			A	ADDITIONS/CHANGES TO OFFI	CERS AND		
TITLE	DEVIEWNIE URIDI	☐ DELETE	1.1 TITLE						Change	Addition
NAME	12108 N 58TH ST	DEKIEMPIS, HEIDI								
STREET ADDRESS	TAMPA FL				ADDRESS					
CITY-ST-ZIP TITLE	VP VP	DELETE		TY-51	- ZIP				Change	Addition
NAME	BEKIEMPIS, VINCENT	C) breeze	1	2.1 TITLE 2.2 NAME					□ Olivillo	
STREET ADDRESS	12108 N 56TH ST		2.3 STREE		ADDRESS					
CITY-ST-ZIP	TAMPA FL									
TITLE		DELETE	2 4 CITY-ST-ZIP 3 1 TITLE			· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME		<del></del>	3.2 NA						•	_
STREET ADDRESS					address					į
CITY-ST-ZIP			IIY-\$1	1					]	
TITLE		DELETE 4.1 TO							Change	Acdition
NAME			4. 2 N	AME						
STREET ADDRESS			4.3 ST	REET A	ADDRESS					
CITY-ST-ZIP			4.4 CITY		- ZIP			_		[
TITLE		☐ DELETE	5 1 TII	TLE					Change	Addition
NAME			5.2 NA	AME	Ì					
STREET ADDRESS			5.3 ST	REET A	ADDRESS					
CITY-ST-ZIP			5.4 CI	TY-\$1	- ZIP					
TITLE		☐ DELETE	6.1 TH	TLE					Change	Addition
NAME			6.2 NA	ME						Į.
Street address			6.3 \$1	6.3 STREET ADDRESS						
CITY-ST-ZIP			6.4 CI	TY-ST	- ZIP					ł

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this agrued report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

813-988-