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Jan 23 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 # L73084 (0)

1. Corporation Name  
QUALITY COMMUNICATIONS OF FLORIDA, INC.



Principal Place of Business  
9511 NW 5 ST  
PEMBROKE PINES FL 33024

Mailing Address  
9511 NW 5 ST  
PEMBROKE PINES FL 33024-6214

3. Date Incorporated or Qualified  
05/11/1990

3a. Date of Last Report  
04/23/1996

2. Principal Place of Business  
21 3811 SW 47 AVE  
Suite/Apt #, etc.  
22 613  
City & State  
23 DAVIE, FLA.  
Zip  
24 33314  
Country  
25 BROWARD

2a. Mailing Address  
26 3811 SW 47 AVE  
Suite/Apt #, etc.  
27 613  
City & State  
28 DAVIE, FLA.  
Zip  
29 33314  
Country  
30 BROWARD

4. FEI Number  
65-0193435

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

HOOD, JOHN W., JR.  
9511 NW 5 ST  
PEMBROKE PINES FL 33024

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CP	DELETE
NAME	HOOD, JOHN M.	
STREET ADDRESS	11310 NW 22ST.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	V	DELETE
NAME	HOOD, MONA L	
STREET ADDRESS	9511 NW 5 ST	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	V	DELETE
NAME	HOOD, SCOTT D	
STREET ADDRESS	9511 NW 5 ST	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	Change	Addition
1.2 NAME	Hood, John M.		
1.3 STREET ADDRESS	11301 NW 22 ST.		
1.4 CITY-ST-ZIP	PLANTATION, FLA. 33323		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	V	Change	Addition
3.2 NAME	Hood, Scott D.		
3.3 STREET ADDRESS	10401 NW 17 PL		
3.4 CITY-ST-ZIP	PEMBROKE PINES, FLA		
4.1 TITLE	John W Hood JR. DR	Change	Addition
4.2 NAME			
4.3 STREET ADDRESS	9511 NW 5 ST.		
4.4 CITY-ST-ZIP	PEMBROKE, PINES, FLA 33024		
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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: *John W Hood Jr* 1-14-97 954-584-4111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)