

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L73084 (0)

1. Corporation Name
QUALITY COMMUNICATIONS OF FLORIDA, INC.

Principal Place of Business 3811 SW 47 AVE 613 DAVIE FL 33314 US	Mailing Address 3811 SW 47 AVE 613 DAVIE FL 33314 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1990

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 owes or has paid the current year intangible
Personal Property Tax due June 30.



Yes

No

21. Principal Place of Business 3701 SW 47 AVE Suite, Apt. #, etc. 104 City & State DAVIE, FL 33314 Zip 33314 Country US	22. Mailing Address 3701 SW 47 AVE Suite, Apt. #, etc. 104 City & State DAVIE, FL 33314 Zip 33314 Country US
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	V
NAME	HOOD, JOHN M.
STREET ADDRESS	11301 NW 22ST.
CITY-ST-ZIP	PLANTATION FL
TITLE	V
NAME	HOOD, MONA L
STREET ADDRESS	9511 NW 5 ST
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	V
NAME	HOOD, SCOTT D
STREET ADDRESS	10401 NW 17 PL
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	DC
NAME	HOOD, JR J W
STREET ADDRESS	9511 NW 5TH ST
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" 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	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]

1-19-98 854-584-4111

CR2E034 (10/97)