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

CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name L73084

(0)

QUALITY COMMUNICATIONS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
3811 SW 47 AVE	3811 SW 47 AVE
613	613
DAVIE FL 33314	DAVIE FL 33314
US	US
2. Principal Place of Business	2a. Mailing Address

**FILED** Jan 27 1998 8:00am Secretary of State



Principal Place of Business  Mailing Address  3811 SW 47 AVE 613 DAVIE FL 33314 US  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 05/11/1990  2. Principal Place of Business Suite, Apt. #, etc.  21 2/04/STA Additions Suite, Apt. #, etc.  22 2/ 27	or able
613 DAVIE FL 33314 US  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 05/11/1990  2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Mailing Address 2d. Applied Fo. 2d. Mailing Address 2d. Applied Fo. 2d. Applied Fo. 2d. Applied Fo. 2d. Mailing Address 2d. Applied Fo. 2d. Applied Fo	able al
DAVIE FL 33314 US  DAVIE FL 33314 US  DAVIE FL 33314 US  DAVIE FL 33314 US  3. Date Incorporated or Qualified 05/11/1990  2. Principal Place of Business 2a. Mailing Address 25 JOJ SW 47 DWE 26 3701 SW 47 DWE 26 3701 SW 47 DWE 27 JOY  Suite, Apt. #, etc. 28 State 29 JOW E FL 3331 F	able al
US  US  3. Date Incorporated or Qualified 05/11/1990  2. Principal Place of Business 21 1/19/15 W 4/1 Av E 26 3/10/15 W 4/10 WE 26 5/10/15 W 4/10 WE 26 5/10/15 W 4/10 WE 27 W 5. Certificate of Status Desired 5 Fee Required Fee Required 12/15 State 21/15 Stat	abie al
2. Principal Place of Business 3. Pel Number 4. FEI Number 65-0193435  Not Applied Fo 85.75 Additional Fee Required  Suite, Apt. #, etc. 2. Principal Place of Business 3. Certificate of Status Desired 3. Election Campaign Financing 4. FEI Number 5. Certificate of Status Desired 6. Election Campaign Financing 7. Trust Fund Contribution 7. Added to Fees 7. This corporation owes or has paid the current year intangible 7. Personal Property Tax due June 30. Personal Property Tax due June	abie al
2. Principal Place of Business 2. Mailling Address 3. Certificate of Status Desired 3. See Required 4. FEI Number 6. Election Campaign Financing 7. Trust Fund Contribution 7. Added to Fees 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No 9. Name and Address of New Registered Agent 4. FEI Number 65-0193435  8. Certificate of Status Desired 7. Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No 9. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Name 12. Street Address (P.O. Box Number is Not Acceptable) 13. Name 14. FEI Number 65-0193435  8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Name 12. Street Address (P.O. Box Number is Not Acceptable) 13. Application of the Address of New Registered Agent 14. FEI Number 15. Certificate of Status Desired 15. Certificate of Status Desired 16. Election Campaign Financing 17. Name and Address of New Registered Agent 18. Name 19. Name and Address of New Registered Agent 19. Name and Address of New Registered Agent 19. Name and Address of New Registered Agent 19. Name and Address of New Registe	abie al
Suite. Apt. #, etc.  22	al .
State   City & State   City & State   City & State   Country   C	
City & State   Country	
23 DAVE, 77 333/9 28 DAVE 77 333/9 Trust Fund Contribution Added to Fees  Zip Country 25 29 333/9 30 Personal Property Tax due June 30. Yes No  9. Name and Address of Current Registered Agent  HOOD, JOHN W., JR.  9511 NW 5 ST  PEMBROKE PINES FL 33024  84 City FL 85 Zip Code	
Zip Country Zip Country Sign Sign Sign Sign Sign Sign Sign Sign	led .
24 733/4 25 29 733/4 30 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 82 Street Address (P.O. Box Number is Not Acceptable) 83	red 3
9. Name and Address of Current Registered Agent HOOD, JOHN W., JR. 9511 NW 5 ST PEMBROKE PINES FL 33024  81 Name Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83 FL 85 Zip Code	red
HOOD, JOHN W., JR.  9511 NW 5 ST PEMBROKE PINES FL 33024  81 Name Street Address (P.O. Box Number is Not Acceptable)  83  84 City FL 85 Zip Code	red 3
9511 NW 5 ST PEMBROKE PINES FL 33024  82 Street Address (P.O. Box Number is Not Acceptable)  83 FL 85 Zip Code	red
PEMBROKE PINES FL 33024  83  84 City  FL 85 Zip Code	red
84 City FL 85 Zip Code	red
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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 register 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, Forida Statutes.	3G
SIGNATURE Signature, byted Chrinted name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	$\dashv$
TITLE DELETE 1.1 TITLE Change Add	lition
NAME HOOD, JOHN M. 1.2 NAME HOOD THEN M.	
STREET ADDRESS 113,16 NW 22ST.	
NAME HOOD, JOHN M.  STREET ADDRESS 11316 NW 22ST.  CITY-ST-ZIP PLÂNTATION FL  1.2 NAME HOOD, JOHN M.  1.3 STREET ADDRESS 11301 NW 22 ST.  1.4 CITY-ST-ZIP PLÂNTATION, FLA	
TITLE V DELETE 2,1 TITLE Change Add	lition
NAME HOOD, MONA L 2.2 NAME	
STREET ADDRESS 9511 NW 5 ST 2.3 STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES FL 2.4 CITY-ST-ZIP	- 1
TITLE	lition
NAME HOOD, SCOTT D 3.2 NAME	
STREET ADDRESS 10401 NW 17 PL 3.3 STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES FL 34. CITY-ST-ZIP	
TILE DC DELETE 4.1 TITLE Change Add	ition
NAME HOOD, JR J W 4.2 NAME	
STREET ADDRESS 9511 NW 5TH ST 4.3 STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES FL 4.4 CITY-ST-ZIP	
TITLE DELETE 5.1 TITLE Change Add	ition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE	ition
NAME 6.2 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  14. Libereby 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 supplied with this ming does not quality in the exemption stated in second 119.07(5)(f), Florida statutes, further certify that the information indicated on this annual report as report as indicated 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: