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

PROFIT CORPORATION ANNUAL REPORT

CITY-ST ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 29 1997 8:00am

Secretary of State

4-20-97

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # L99695

(3)

QUAIL R	RIDGE HOLDING COMPANY							
Principal Place 12830 SHADY I SPRING HILL F	HILLS ROAD	Mailing Address 12830 SHADY HILLS ROAD SPRING HILL FL 34610-8057				T HE DISON ON THIS TO HE BEING THE FRESH HE	-	
OF FRIED TREET	r orong	STRING THEE TE GIOTO OF	,			Date Incorporated or Qualified	3a. Date of Last f	Report
						09/11/1990	05/01/1996	юрол
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number		pplied For
21 26						59-3029441	N	ot Applicable
Suite, Apt #, etc. Suite, Apt #,			etc.			5. Certificate of Status Desired		Additional lequired
City & State City & State						6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zφ	Cou	ntry		8. This corporation has liability for	r intangible tax under s	s. 199.032,
24	25	29	30				Yes No	
	9. Name and Address of Current	Registered Agent		- 1		10. Name and Address of New R	egistered Agent	
	MSH, MEHRDAD		ļ	81	Name			
	30 SHADY HILLS RD. HNG HILL FL 34610			82	Street Ad	dress (P.O. Box Number is Not Accepte	ible)	
• • • • • • • • • • • • • • • • • • • •				83		· · · · · · · · · · · · · · · · · · ·		
			ļ	84	City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statul	es, the at	ove	named co	orporation submits this statement for the ration's board of directors. I hereby according		its registered
office or r agent. I a SIGNATURE.	rn familiar with and accept the obligati Mekkada 1	ons of, Section 907.0505, Fi	orida Stati	utes	i.	4-a	v-97	s registered
12.	Signature, typed or profed name of registered agent OFFICERS AND		E: Registered	i Ager	nt signature rec	julred when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTO	RS IN 12
TITLE	DELETE			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		ADDITIONAL HANGES TO OFF	Change	Addition
NAME	MARLOWE, MICHAEL L.	_						
STREEL ADDRESS	1031 W MORSE BLVD #200							
CITY - ST - ZIP	WINTER PARK FL		1	1.4 CITY - ST - ZIP				
THE PSP		DELETE		2.1 TITLE			☐ Change	Addition
NAME	DARVISH, MEHRUAU			2.2 NAME 2.3 STREET ADDRESS				
STREET ADDRESS	12830 SHADY HILLS RD.							
CITY-ST-ZIP	SPRING HILL FL 34610		2 4 0	ITY-S	T-ZIP			
TITLE	DELETE 31		3 1 717	TLE			Change	Addition
NAME			3.2 NA	ME				
STREET ADDRESS	[3.3 ST	REET	ADDRESS			
CITY - \$1 - 7/P		T pro extr	3.4. C		ST-ZIP		D character	A della con
TITLE		☐ DELETE	4.1 TITLE 4.2 NAME		1		☐ Change	Addition
NAME OTRECT TABLES	}		1					
STREET ADDRESS					ADDRESS			
CHY-ST-ZIP TITLE		DELETE	4.4 CI 5.1 TII		1+ZIP		Change	Addition
NAME	{	- sec. 1	5.1 NA				- Availe	- rounter
STREET ADDRESS					ADDRESS			
CITY-ST-Z-P			5.4 CI					
14LF		☐ DELETE	5.4 GI 6.1 TII		1-211		Change	Addition
NAME		—	6.2 NA					
CIDECT ANDRESS	1		1		ADDDECC			

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.