

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M92103 (4)

1. Corporation Name
QUAD INVESTMENT, INC.



Principal Place of Business

C/O JOSEPH S. GORDIN
2201 SW 49TH ST
CAPE CORAL FL 33914

Mailing Address

C/O JOSEPH S. GORDIN
2201 SW 49TH ST
CAPE CORAL FL 33914

3. Date Incorporated or Qualified
08/02/1988

3a. Date of Last Report
02/07/1995

2. Principal Place of Business

2a. Mailing Address

21 c/o JOSEPH S. GORDIN

26 C/O JOSEPH S. GORDIN

4. FEI Number

65-0064368

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 5011 SW 16TH PLACE

27 5011 SW 16TH PLACE

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23 CAPE CORAL, FL

28 CAPE CORAL, FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33914

25 USA

29 33914

30 USA

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

GORDIN, JOSEPH S.
2201 SW 49TH ST
CAPE CORAL FL 33914

81 Name

GORDIN, JOSEPH S.

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

5011 SW 16TH PLACE

83

84 City

CAPE CORAL

FL

85 Zip Code

33914

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME DST SEALFON, IRWIN T.

1.2 NAME

STREET ADDRESS 702 CORAL DR

1.3 STREET ADDRESS

CITY - ST - ZIP CAPE CORAL FL

1.4 CITY - ST - ZIP

TITLE DP

2.1 TITLE

☒ Change ☐ Addition

NAME GORDIN, JOSEPH S.

2.2 NAME

dp GORDIN, JOSEPH S

STREET ADDRESS 2201 S.W. 49TH STREET

2.3 STREET ADDRESS

5011 SW 16th PLACE

CITY - ST - ZIP CAPE CORAL FL

2.4 CITY - ST - ZIP

CAPE CORAL, FL 33914

TITLE ☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY - ST - ZIP

3.4 CITY - ST - ZIP

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY - ST - ZIP

4.4 CITY - ST - ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY - ST - ZIP

5.4 CITY - ST - ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY - ST - ZIP

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Joseph S. Gordin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)