

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M96157 (6)

1. Corporation Name

S.E. QUINTAVALLE ENTERPRISES INC.



Principal Place of Business

Mailing Address

% SCOTT E. QUINTAVALLE
420 N.E. 23RD AVE
POMPANO BEACH FL 33062

% SCOTT E. QUINTAVALLE
420 N.E. 23RD AVE
POMPANO BEACH FL 33062

3. Date Incorporated or Qualified
08/26/1988

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0085981

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

QUINTAVALLE, SCOTT E.
420 N.E. 23RD AVE
POMPANO BEACH FL 33062

81 Name

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

960 LYONS PARK DR.
POMPANO BEACH

84 City

FL

85 Zip Code

33060

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

SCOTT E. QUINTAVALLE PRESIDENT

2007E. Registered Agent Signature required when resigning.

DATE

7/1/96

12. OFFICERS AND DIRECTORS

TITLE PD
NAME QUINTAVALLE, SCOTT E.
STREET ADDRESS 420 N.E. 23RD AVE
CITY-ST-ZIP POMPANO BEACH FL

DELETE

TITLE VSD
NAME CLOTHIER, KRISTINA S.
STREET ADDRESS 420 N.E. 23RD AVE
CITY-ST-ZIP POMPANO BEACH FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

960 LYONS PARK DR.
POMPANO BEACH FL 33060

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

960 LYONS PARK DR.
POMPANO BEACH FL 33060

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

SCOTT E. QUINTAVALLE

DATE

7/1/96

DAYTIME PHONE #

954-782-7325

CR2E034 (12/95)