

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

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95 MAY -1 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P93000021542 (4)  
1. Corporation Name  
**QUARK ENTERPRISES & ASSOCIATES, INC.**

Principal Place of Business Mailing Address  
2269 S. UNIVERSITY DR. #298 DAVIE FL 33324  
2269 S. UNIVERSITY DR. #298 DAVIE FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/18/1993** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **65-0401970** 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

2. Principal Place of Business 2a. Mailing Address  
21 **9360 W. OAKLAND PARK BLVD** 27 **1844 N. NOB HILL ROAD**  
Suite, Apt. #, etc. # **111** Suite, Apt. #, etc. # **255**  
22 **# 111** 27 **#255**  
City & State **SUNRISE, FL** 28 **SUNRISE, FL**  
23 **SUNRISE, FL** 28 **SUNRISE, FL**  
24 **33321** 25 **USA** 29 **33322** 30 **USA**

9. Name and Address of Current Registered Agent  
~~HAAS-HANSER, MICHELINE  
2269 S. UNIVERSITY DR.  
#298  
DAVIE FL 33324~~

10. Name and Address of New Registered Agent  
B1 Name **HAAS-HANSER, MICHELINE**  
B2 Street Address (P.O. Box Number is Not Acceptable) **10741 N.W. 20 Ct.**  
B3  
B4 City **SUNRISE** FL B5 Zip Code **33322**

NOT A NEW AGENT  
CHANGE OF  
ADDRESS  
ONLY

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAAS-HANSER, MICHELINE	1. NAME	
STREET ADDRESS	2269 S. UNIVERSITY DR., #298	1. STREET ADDRESS	8360 W. OAKLAND PK. BLVD. # 111
CITY, ST. ZIP	DAVIE FL 33324	1. CITY, ST. ZIP	SUNRISE, FL 33322
TITLE	DT	2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSER, DAVID	2. NAME	
STREET ADDRESS	2269 S. UNIVERSITY DR., #298	2. STREET ADDRESS	8360 W. OAKLAND PK. BLVD
CITY, ST. ZIP	DAVIE FL 33324	2. CITY, ST. ZIP	SUNRISE, FL 33322
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST. ZIP		3. CITY, ST. ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, ST. ZIP		4. CITY, ST. ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST. ZIP		5. CITY, ST. ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST. ZIP		6. CITY, ST. ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 687, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *MHA/President* MICHELINE HAAS-HANSER 4/20/95 748-0702  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR