SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)



| | ORATION AL REPORT 996 | Sandra B Secretary DIVISION OF C | | | |
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| OCUM Corporation N | | 0045668 (9) | | | |
| QUAD-CO | OUNTY PROFESSIONAL | SERVICES, INC. | | 1120124 115 1164 1101 1201 1611 16 | |
| Principal Place o | of Business | Mailing Address | | T INDIVIDUE HE TOTOLE HELD BOTT BOTT OF | til Marie Greet Aire Arena Arena fere rass |
| 5201 S INDIAN FT PIERCE FL 3 | | 5201 S INDIAN RIVER DR FT PIERCE FL 34982 | ŀ | | |
| | | | | 3. Date incorporated or Qualified 06/23/1993 | 3a. Date of Last Report 05/01/1995 |
| D | an of Chapters | 2a. Mailing Address | | 4. FEI Number | Applied For |
| Principal Place of Business | | 26 | | 65-0435424 | Not Appl cable |
| Suite, Apt. #, | , etc | Suite, Apt. #, etc | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Ζιρ | Country 30 | 8. This corporation has liability for Florida Statutes | intang ble tax under si 199 032. Yes : No |
| <u></u> | 25 9. Name and Address of Curr | | 130 | 10. Name and Address of New Re | egistered Agent |
| | | | 81 Name | | |
| COVEY, JAMES P 5201 S INDIAN RIVER DR | | | 82 Street Add | dress (P.O. Box Number is Not Acceptal | ole) |
| FT P | PIERCE FL 34982 | | 83 | | |
| | | | 84 City | | 85 Zip Code |
| | | | | and for the contract to the co | FL S Process of changing its registered |
| Pursuant to office or re agent. I am | o the provisions of Sections 607.0 egistered agent, or both, in the Sta in familiar with, and accept the ob | 502 and 607 1508, Florida Statut ate of Florida, Such change was a Leathors of Socket 607 0505, Ek | es, the above-named cor authorized by the corpora orida Statutes | rporation submits this statement for the patients board of directors. Thereby accep | nt the appointment as registered |
| | | rigations of, Section 667 6365. Fit | | | |
| SIGNATURE | | | | but Cawboth text (Mont) | [1A[: |
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| Z. ITLE AME TREET ADDRESS ITY-S1-ZIP ITLE IAME | OFFICERS D COVEY, JAMES P 5201 S INDIAN RIVER DE | SOCIAL DECEMBER 18 CEC AND DIRECTORS DELETE | 13. 11 INTE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 TITLE 22 NAME | but Cawboth text (Mont) | INI: ICERS AND DIRECTORS IN 12 Change Additio |
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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 shatchave the same legal effect as if made under oath, that I am an officer or director of the corporation or the received in trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if manged, or on an extensive with an address

6.3 STREET ADDRESS

6 4 C(1) - S1 - ZIP

SIGNATURE:

STREET ADDRESS

SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayline Private #