

**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 # **P93000048006 (9)**

1. Corporation Name  
**HQLC, INC.**



Principal Place of Business

Mailing Address

~~3601 S.E. AVIATION WAY  
SUITE K  
STUART FL 34936~~

~~2601 G.E. AVIATION WAY  
SUITE K  
STUART FL 34936~~

3. Date Incorporated or Qualified  
**07/01/1993**

3a. Date of Last Report  
**03/07/1995**

2. Principal Place of Business

2a. Mailing Address

21 **3281 SE SLATER ST.**  
State, Apt. #, etc.

26 **3281 SE SLATER ST.**  
Suite, Apt. #, etc.

22 **#2**  
City & State

27 **#2**  
City & State

23 **STUART, FL**  
Zip

28 **STUART, FL**  
Zip

24 **34997**

25 **MARTIN**

29 **34997**

30 **MARTIN**

4. FEI Number  
**65-0424608**

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

~~MILLS, MYRA M.  
16100 S.W. PALAMINO  
INDIANTOWN FL 34956~~

10. Name and Address of New Registered Agent

81 Name **SUSAN NASH**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3281 SE SLATER ST.**  
83 **#2**  
84 City **STUART** FL 85 Zip Code **34997**

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

**SUSAN NASH** President

*Susan Nash*

**1-25-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<del>MILLS, MYRA A</del>	
STREET ADDRESS	<del>16100 S.W. PALAMINO</del>	
CITY - ST - ZIP	<del>INDIANTOWN FL 34956</del>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<del>SMITH, GARY</del>	
STREET ADDRESS	<del>2724 KERN ROAD</del>	
CITY - ST - ZIP	<del>PORT ST. LUCIE FL 34984</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<b>P/S/T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SUSAN NASH</b>	
1.3 STREET ADDRESS	<b>3281 SE SLATER ST. #2</b>	
1.4 CITY - ST - ZIP	<b>STUART, FL 34997</b>	
2.1 TITLE	<del>Shareholder</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<del>Myra Mills</del>	
2.3 STREET ADDRESS	<del>16100 SW Palamino</del>	
2.4 CITY - ST - ZIP	<del>Indiantown FL 34956</del>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Susan Nash*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-25-96**

**407-221-7168**

Date

Original Phone #

CR2E034 (12/95)