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.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P93000055528 (2)**

1. Corporation Name
QAS, INC.

Principal Place of Business	Mailing Address
522 FLORAL DRIVE KISSIMMEE FL 34743	522 FLORAL DRIVE KISSIMMEE FL 34743

3. Date Incorporated or Qualified: 06/01/1993
3a. Date of Last Report: 02/27/1995

2. Principal Place of Business 21: ~~P.O. Box 252~~ 3975 NW 218th Street Road
2a. Mailing Address 26: PO Box 252
Suite, Apt. #, etc 22:
Suite, Apt. # etc 27:
City & State 23: McIntosh FL
City & State 28: McIntosh, FL
Zip 24: 32664 Country 25: USA
Zip 29: 32664 Country 30: USA

4. FEI Number: 65-0429781 ☐ 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

JAMES, ELIZABETH K
522 FLORAL DRIVE
KISSIMMEE FL 34743

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): ~~P.O. Box~~ 3975 NW 218th Street Road
83
84 City: McIntosh **FL** 85 Zip Code: 32664

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES, MARION B 522 FLORAL DRIVE KISSIMMEE FL 34743	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☑ Change ☐ Addition ~~P.O. Box~~ 3975 NW 218th Street Road McIntosh, FL 32664
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES, ELIZABETH K 522 FLORAL DRIVE KISSIMMEE FL 34743	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition 3975 NW 218th Street Road McIntosh, FL 32664
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES, MARK B 522 FLORAL DRIVE KISSIMMEE FL 34743	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition 3975 NW 218th Street Road McIntosh, FL 32664
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Elizabeth K. James ELIZABETH K. JAMES 7-28-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
(352) 591-4699

CR2E034 (3/96)