


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 17 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000014540 (6)**

1. Corporation Name  
**QUARTERS INC.**

Principal Place of Business  
**1718 WEST UNIVERSITY AVENUE  
GAINESVILLE FL 32603**

Mailing Address  
**1025 SW 81 DRIVE  
GAINESVILLE FL 32607  
US**



2. Principal Place of Business 21 <b>1025 S.W. 81 DRIVE</b> Suite, Apt. #, etc.		2a. Mailing Address 26 27 Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>02/22/1994</b>	3a. Date of Last Report <b>04/24/1996</b>
22 City & State 23 <b>GAINESVILLE FL</b>		28 City & State		4. FEI Number <b>59-3226671</b>	Applied For Not Applicable
24 Zip <b>32607</b>		25 Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
29 Zip		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
29 Zip		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>REGAN, DONALD J 1025 S.W. 81 DRIVE GAINESVILLE FL 32607</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code <b>FL</b>	

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	REGAN, DONALD J		11 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	1025 SW 81ST DR		12 NAME		
CITY - ST - ZIP	GAINESVILLE FL		13 STREET ADDRESS		
TITLE	DVTS	<input type="checkbox"/> DELETE	14 CITY - ST - ZIP	<b>32607</b>	
NAME	REGAN, LAURE K		21 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	1025 SW 81 DR		22 NAME		
CITY - ST - ZIP	GAINESVILLE		23 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	24 CITY - ST - ZIP	<b>32607</b>	
NAME			31 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			32 NAME		
CITY - ST - ZIP			33 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	34 CITY - ST - ZIP		
NAME			41 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			42 NAME		
CITY - ST - ZIP			43 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	44 CITY - ST - ZIP		
NAME			51 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			52 NAME		
CITY - ST - ZIP			53 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	54 CITY - ST - ZIP		
NAME			61 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			62 NAME		
CITY - ST - ZIP			63 STREET ADDRESS		
			64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* **4-14-97** **352-332-5794**  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)