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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P9500001436 (1)

QUALITY RESOURCE CONSULTANTS, INC.

Principal Place of Business Mailing Address

4848 NW 24 COURT
LAUDERDALE LAKES FL 33313

LAUDERDALE LAKES FL 33313

		1848 BIII 1881

Solid, Apt. W, etc   City & State   City & State   City & State   City & State   Country   Cou	Applied For Not Applicable  75 Additional e Required  00 May Be ded to Fees er s 199 032,
21   2800 SW   7 9+   26	Not Applicable  75 Additional e Required  00 May Be ded to Fees er s 199 032,
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired Fee  City & State  Add  Zip  Country  Zip  Country  Zip  Country  Soundary  Soundary  Add  Trust Fund Contribution  Add  Add  Florida Statutes  Yes No	75 Additional e Required 00 May Be ded to Fees er s 199 032,
Suite, Apt. #, etc  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired Fee  City & State  City & State  City & State  City & State  Trust Fund Contribution Add  Zip Country  Zip Country  Suite, Apt. #, etc.  6. Election Campaign Financing Trust Fund Contribution Add  Add  Add  Zip Country  Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired Fee  Suite, Apt. #, etc.  Suite, Apt. #	e Required  00 May Be ded to Fees er s 199 032,
City & State  Further Fund Contribution  Add  Add  Country  Country  Country  Solution  Add  Add  Add  Finis corporation has liability for intrigible tax under the country of the coun	ded to Fees or s 199 032,
Zip Country Zip Country 8. This corporation has liability for intrigible tax under 24 33312 25 Browner 29 30 Florida Statutes Yes No	Zip Code
24 33312 25 Brow PRD 29 30 Florida Statutes Yes No	Zip Code _
	Zip Code _
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	Zip Code _
THE PRENTICE HALL CORP SYSTEM INC  1201 HAYS ST SUITE 105  TALLAHASSEE FL 32301  81 Name WOEM / BOOK 1 Q U.S.  82 Street Address (P.O. Box Number is Not Acceptable)  83 80 0 5 CU 7 5 T	r ip Code
1 I and and all FL	ママシス
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 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 agent it am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.	g its registered as registered
I(0) $I(0)$ $I(0)$	19/96
SIGNATURE Signary Complete of agent and the diagnostation (b) The Forestered Agent signature required windows account of the DATE of the Complete of Agent signature required windows account of the DATE of the Complete of t	andra⊈ and Section in the section i
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
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TITLE DELETE 61 TITLE Cha	ange 🔝 Addition
NAME 6.2 NAME	
STREET ADDRESS 63 STREET ADDRESS	
CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 164 C	

14. If 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:

PEO OH PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DOLL PORT PORT OF SIGNING OFFICER OR DIRECTOR