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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000042748 (0)

QUADRES GROUP, INC.

Principal Pla	ace of Business	Mailing Address			111.	and the temperature of the same	a tipa il partier con	
784 APPLEBY STREET 4141 ROCKSIDE ROAD 500 ROAD 5			37					
US				1			14.	
					3. Date Incorp 05/26/19	orated or Qualified	3a. Date of Last 04/17/1996	,
2 Principal	Place of Business	2a. Mailing Address			4, FEI Numbe			Applied For
	North Federal Highway		•		65-0592			Not Applicable
Suite, Ap		Suite Apt. #, etc.	140			of Status Desired	□ \$8.75	Additional Required
City & Sta	ate	City & State	.1.137		6. Election Ca	mpalgn Financing	\$5.0	O May Be
23 Ft.	Lauderdale FL	28			Trust Fund	Contribution		d to Fees
^{Zip} 33	Country 25	Zip 29	Country 30		Florida Stat		Yes 🔀 No	8. 199.032,
	p. Name and Address of Curren	t Registered Agent			0. Name and	Address of New Re	gistered Agent	
	EBSTER, DAVID R		81 N	lame O'Br	ien.	WashuA	W.	
, , ,)1 N FRANKLIN ST SUITE 200		82 S	Arpet Address	(P∩ Box Nur	noer is Not Acceptat		A second
₹A	MPA FL 33602-		83	<u> 10831</u> .	NOTH	tederal_	HIGHMOON	,
								····
,			84 C	A CL		4.10	FI 85 2	D Code
11. Pursuar office o	nt to the provisions of Serlions 607.050 or registered agent, or both, in the State I am familiar with, and accept the oblig	2 and 607,1500, Florida Statu of Florida, Sychochange was	ites, the above-na authorized by the	arned corpora e corporation	ition submits the s board of dire	is statement for the poctors. I hereby accep	ourpose of changing of the appointment) its registered as registered
,	///	allons of, Section corrector, F		eside		41.00	2-5-95	., .
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NO	TE: Registered Agent si		rhen (einstating)	-	DATE	
12.		D DIRECTORS	13.		ADDITIONS	CHANGES TO OFFIC		
THTLE	D	DELETE	3.1 TITLE				Chang	e 🔲 Addition
NAME	O'BRIEN, ANDREW W		1.2 NAME			and the second second	1/*	
STREET ADDRES					^	A	10 M	•
CITY-ST-ZIP	CLEVELAND OH 44131		1.3 STREET ADO		Suite	140		
		Del est	1.4 CITY-ST-21		Buite	140	Chapt	a [Addition
TITLE		DELETE	1.4 CITY-ST-ZI 2.1 TITLE		Suite	140	☐ Chang	e Addition
TITLE NAME		☐ DELETE	1.4 CITY-ST-ZI 2.1 TITLE 2.2 NAME	119	Suite	140	☐ Chang	e Addition
TITLE NAME STREET ADDRES		☐ DELETE	1.4 CITY-ST-ZI 2.1 TITLE 2.2 NAME 2.3 STREET ADD	DRESS	Suite	140	☐ Chang	e Addition
TITLE NAME STREET ADDRES CITY-ST-ZIP			1.4 CITY-ST-ZI 2.1 TITLE 2.2 NAME 2.3 STREET ADD 2.4 CITY-ST-Z	DRESS	Suite	140	☐ Chang	
TITLE NAME STREET ADDRES CITY+ST-ZIP TITLE		☐ DELETE	1.4 CITY-ST-ZI 2.1 TITLE 2.2 NAME 2.3 STREET ADD	DRESS	Suite	140		
TITLE 145ME STREET ADDRES CITY-ST-ZIP TITLE NAME	SS .		1.4 CITY-ST-ZI 2.1 TITLE 2.2 NAME 2.3 STREET ADD 2.4 CITY-ST-Z 3.1 TITLE 3.2 HAME	DRESS	Suite			
TITLE SAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES	SS .		1.4 CITY-ST-ZI 2.1 TITLE 2.2 NAME 2.3 STREET ADD 2.4 CITY-ST-Z 3.1 TITLE 3.2 NAME 3.3 STREET ADD	DRESS ZIP DRESS	Suite	140		
TITLE LAME STREET ADDRES CITY-ST-ZIP TITLE HAME STREET ADDRES CITY-ST-ZIP	SS .		1.4 CITY-ST-ZI 2.1 TITLE 2.2 NAME 2.3 STREET ADD 2.4 CITY-ST-Z 3.1 TITLE 3.2 HAME	DRESS ZIP DRESS	Suite			ge Addition
TITLE LAME STREET ADDRES CITY-ST-ZIP TITLE HAME STREET ADDRES CITY-ST-ZIP TITLE	SS .	☐ DELETE	1.4 CITY-ST-ZI 2.1 TITLE 2.2 NAME 2.3 STREET ADD 2.4 CITY-ST-Z 3.1 TITLE 3.2 HAME 3.3 STREET ADD 3.4 CITY-ST-Z	DRESS ZIP DRESS	Suite		☐ Chang	ge Addition
TITLE LAME STREET ADDRES CITY-ST-ZIP TITLE HAME STREET ADDRES CITY-ST-ZIP TITLE LAME LAME	555	☐ DELETE	1.4 CITY-ST-ZI 2.1 TITLE 2.2 NAME 2.3 STREET ADD 2.4 CITY-ST-Z 3.1 TITLE 3.2 NAME 3.3 STREET ADD 3.4 CITY-ST-Z 4.1 TITLE 4.2 NAME	DRESS DRESS DRESS	Suite		☐ Chang	ge Addition
TITLE LAME STREET ADDRES CITY-ST-ZIP TITLE HAME STREET ADDRES CITY-ST-ZIP TITLE HAME STREET ADDRES STREET ADDRES	555	☐ DELETE	1.4 CITY-ST-ZI 2.1 TITLE 2.2 NAME 2.3 STREET ADD 2.4 CITY-ST-Z 3.1 TITLE 3.2 NAME 3.3 STREET ADD 3.4 CITY-ST-Z 4.1 TITLE 4.2 NAME 4.3 STREET ADD	DRESS ZIP ORESS ZIP	Suite		☐ Chang	ge Addition
TITLE STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME	555	☐ DELETE	1.4 CITY-ST-ZI 2.1 TITLE 2.2 NAME 2.3 STREET ADD 2.4 CITY-ST-Z 3.1 TITLE 3.2 NAME 3.3 STREET ADD 3.4 CITY-ST-Z 4.1 TITLE 4.2 NAME	DRESS ZIP ORESS ZIP	Suite		☐ Chang	ge Addition

5.2 NAME

61 TITLE

62 NAME

DELETE

53 STREET ADDRESS

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information surplied 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 conformation or the receiver or fustee empowered execute this report as required by Chapter 607, Florida Statutes; and that my name

54 CITY-ST-ZIP

FILED May 12 1997 8:00am Secretary of State

500002187095 -05/21/97--01109--001 Change Addition

appears in Block 12 or Block

1,4ME

TITLE

HAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

2-5-90

216.573-2700