

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

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**Apr 24 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000052986 (3)

1. Corporation Name
QRC, INC.



Principal Place of Business 2326 SOFIA DR LUTZ FL 33549	Mailing Address 2326 SOFIA DR LUTZ FL 33549-5135
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/03/1995	3a. Date of Last Report 02/27/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3330443	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip Country	28. Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	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		10. Name and Address of New Registered Agent	
WATSON, KEITH 2326 SOFIA DR LUTZ FL 33549		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL

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: *Keith Watson* **KEITH WATSON** DATE: **4-18-97**

Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	VICE PRESIDENT + Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATSON, KEITH	1.2 NAME	KEITH A WATSON JR + TREASUR
STREET ADDRESS	2326 SOFIA DR	1.3 STREET ADDRESS	18701 WALKER RD
CITY-ST-ZIP	LUTZ FL 33549	1.4 CITY-ST-ZIP	LUTZ FLA 33549
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY + Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATSON, KEITH	2.2 NAME	PAUL HOSSLER
STREET ADDRESS	2326 SOFIA DR	2.3 STREET ADDRESS	13413 LITWOOD DR
CITY-ST-ZIP	LUTZ FL	2.4 CITY-ST-ZIP	HUNTER FLA 34669
TITLE	VS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHANDLER, WILLIAM	3.2 NAME	KAI L WATSON
STREET ADDRESS	2300 CURTISS DR	3.3 STREET ADDRESS	2326 SOFIA DR
CITY-ST-ZIP	DELTONA FL	3.4 CITY-ST-ZIP	LUTZ FLA 33549
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: *Keith Watson* **KEITH WATSON** DATE: **4-18-97** DAYTIME PHONE: **813 946 2312**

Signature and typed or printed name of signing officer or director

CR2E034 (9/96)