


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

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90087 022 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000052986**

1. Corporation Name  
**QRC, INC.**



Principal Place of Business 2326 SOFIA DR LUTZ FL 33549	Mailing Address 2326 SOFIA DR LUTZ FL 33549
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/03/1995**

4. FEI Number <b>59-3330443</b>	Applied For <input type="checkbox"/> Not Applicable
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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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**WATSON, KEITH**  
**2326 SOFIA DR**  
**LUTZ FL 33549**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WATSON, KEITH</b>	
STREET ADDRESS	<b>2326 SOFIA DR</b>	
CITY-ST-ZIP	<b>LUTZ FL 33549</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>WATSON, KEITH</b>	
STREET ADDRESS	<b>2326 SOFIA DR</b>	
CITY-ST-ZIP	<b>LUTZ FL</b>	
TITLE	<b>VPDT</b>	<input type="checkbox"/> DELETE
NAME	<b>WATSON, KEITH A. J</b>	
STREET ADDRESS	<b>18701 WALKER RD.</b>	
CITY-ST-ZIP	<b>LUTZ FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>ROSSLER, FRED</b>	
STREET ADDRESS	<b>13413 LITEWOOD DR.</b>	
CITY-ST-ZIP	<b>HUDSON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WATSON, KARI L.</b>	
STREET ADDRESS	<b>2326 SOFIA DR.</b>	
CITY-ST-ZIP	<b>LUTZ FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<b>VPDT</b>
3.2 NAME	<b>WATSON, KEITH A. JR.</b>
3.3 STREET ADDRESS	<b>2326 SOFIA DR.</b>
3.4 CITY-ST-ZIP	<b>LUTZ FL 33549</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

**SIGNATURE:** *Keith Watson* **REQUIRED** **KEITH WATSON** Date **1-6-98** Daytime Phone # **813 948 251**