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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 23 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000061728 (8)

QUORUM SALES, INC.

Principal Place of Business

6715 APPROACH RD SARASOTA FL 34238		6715 APPROACH RD SARASOTA FL 34238-5117			
US		U\$			Pate of Last Report /14/1996
2. Principal Pla	ace of Business	2a, Mailing Addre	ess	4. FEI Number	Applied For
21		26		65-0600955	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #,	etc.	5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z _I D	Country	Zip	Country	8. This corporation has liability for intangible	
24	25	29	30	Florida Statutes	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered	Agent
WILLIAMS, DANNY A			81 Name		
	APPROACH RD		82 Street A	Address (P.O. Box Number is Not Acceptable)	
SARA	SOTA FL 34238				
			83		
			84 City	J	85 Zip Code
44 5	the second Continue CO7 OF	00 and 007 1500 Find	de Ctat the the above served	FL	
office or re	gistered agent, or both, in the Stat	te of Florida. Such chan	ige was authorized by the corp	corporation submits this statement for the purpose operation's board of directors. I hereby accept the ap	pointment as registered
agent Lan	n familiar with, and accept the obli	igations of Section 607.	0505, Florida Statules.	11/200	17/17
SIGNATURE	Signature, typed or printed numb of registered a	Illeain	ORNNY A. W.	ILLIAMS 7/	////
12.	,	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
	D	DE			☐ Change ☐ Addition
NAME	WILLIAMS, DANNY A		1.2 NAME		
	6715 APPROACH RD		1.3 STREET ADDRESS		
CITY - \$1 - 70P	SARASOTA FL		1.4 CITY-ST-ZIP		
TITLE		DE	LETE 2.1 TITLE		Change Addition
NAME			22 NAME		
STREET ADDRESS			23 STHEET ADDRESS		,
CITY-ST-7iP			2 4 CITY-ST-ZIP		
FILE		☐ DE			Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHY-SI-ZIP		☐ DE	3.4. CITY-ST-ZIP LETE 4.1 TITLE		Change Addition
THTLE			4.2 NAME		Amange Cal Addition
NAME Partie Landonicos			4.3 STREET ADDRESS		
STREET ADDRESS			4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DE	· · · · · · · · · · · · · · · · · · ·		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
THLE		☐ DE	ELETE 61 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. I do hereb	y certify that the information suppl	ied with this filing does	not qualify for the exemption st	tated in Section 119.07(3)(i), Florida Statutes. I furth that my signature shall have the same legal effect a	er certify that the
Lam an off	i indicated on trils armyal report of licer or director of the corporation i Block 12 or Block 13 if changed,	or the receiver or truster	e empowered to execute this re	eport as required by Chapter 607, Florida Statutes;	and that my name