

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 26 1998 8:00am  
Secretary of State

DOCUMENT # P95000082850

1. Corporation Name

QLC OF KISSIMMEE, INC

Principal Place of Business

1600 WEST COLONIAL DRIVE  
ORLANDO, FL 32808

Mailing Address

1600 WEST COLONIAL DRIVE  
ORLANDO, FL 32808

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10-30-95

4. FEI Number

59-3346137

Applied For

Not Applicable

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

1 4940 EMERSON ST.

Suite, Apt. #, etc.

City & State

3 JACKSONVILLE, FL

Zip

4 32207

Country

25 USA

2a. Mailing Address

26 4940 EMERSON ST

Suite, Apt. #, etc.

City & State

28 JACKSONVILLE, FL

Zip

29 32207

Country

30 USA

9. Name and Address of Current Registered Agent

HILLMAN, RANDY ESQ.  
203 EAST HILL CREST STREET  
ORLANDO, FL 32801

10. Name and Address of New Registered Agent

81 Name

ULERIE, MARK A.

82 Street Address (P.O. Box Number is Not Acceptable)

83

13097 HARBORTON DR

84 City

JACKSONVILLE

FL

85 Zip Code

32224

\*1. 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☒ DELETE

NAME SCALETTA, MICHAEL E  
STREET ADDRESS 1600 WEST COLONIAL DRIVE  
CITY-ST-ZIP ORLANDO, FL 32808

1.2 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.3 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.4 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.5 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.6 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME ULERIE, MARK A  
STREET ADDRESS 13097 HARBORTON DR  
CITY-ST-ZIP JACKSONVILLE, FL 32224

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

100002538061  
-05/28/98--01012--020  
\*\*\*150.00

☐ Change ☐ Addition

5.26

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/98

904.398.2020

Date

Daytime Phone #

6051008