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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000085716 (5)

1. Corporation Name
QUAD SOUTH, INC.



Principal Place of Business

6635 SOUTH HWY. A1A
SUITE 402
MELBOURNE BEACH FL 32951

Mailing Address

5635 SOUTH HWY. A1A
SUITE 402
MELBOURNE BEACH FL 32951-3336

2. Principal Place of Business

21 172 ULSTER LANE
Suite, Apt. #, etc.

2a. Mailing Address

26 AS ABOVE
Suite, Apt. #, etc.

22 City & State

23 MELBOURNE, FL
Zip Country

27 City & State

28 Zip Country

24 32935 25 BREVARD

29 30

3. Date Incorporated or Qualified
11/06/1995

3a. Date of Last Report
05/01/1996

4. FEI Number
59-3357450

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YOUNESS, GAIL M
5635 SOUTH HWY. A1A
SUITE 402
MELBOURNE BEACH FL 32951

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME YOUNESS, MICHAEL R
STREET ADDRESS 5635 SOUTH HWY. A1A #402
CITY-ST-ZIP MELBOURNE BEACH FL 32951

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE STD
NAME YOUNESS, GAIL M
STREET ADDRESS 5635 SOUTH HWY. A1A #402
CITY-ST-ZIP MELBOURNE BEACH FL 32951

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE D
NAME YOUNESS, PAUL B
STREET ADDRESS 16422 ERIN
CITY-ST-ZIP FRASER MI 48026

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE D
NAME GADDIE, ROBERT
STREET ADDRESS 20104 JEFFERSON
CITY-ST-ZIP ST CLAIR SHORES MI 48081

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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: *[Signature]* Date: *[Date]*

CR2E034 (9/96)