SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000097279 (0)**

1. Corporation Name
QUALITY COMMUNICATIONS OF AMERICA, INC.

Principal Place of Business	Mailing Address
1919 BEACH WAY #4N **JACKSONVILLE FL 32207**	**1919 BEACH WAY #4N** **JACKSONVILLE FL 32207**

3. Date Incorporated or Qualified: **12/20/1995**
3a. Date of Last Report:

2. Principal Place of Business
21: 1914 Beachway #1A
22: Suite, Apt. #, etc
23: City & State: Jax, Fl
24: Zip: 32207 25: Country

2a. Mailing Address
26: 1914 Beachway #1A
27: Suite, Apt. #, etc
28: City & State: Jax, Fl
29: Zip: 32207 30: Country

4. FEI Number: 59-3353990 ☐ 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
FORET, DARLENE
1919 BEACH WAY #4N
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent
81 Name: DARLENE FORET
82 Street Address (P.O. Box Number is Not Acceptable): 1914 Beachway #1A
83
84 City: Jax FL 85 Zip Code: 32207

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	11 TITLE	☑ Change ☐ Addition
NAME	FORET, DARLENE		12 NAME	
STREET ADDRESS	1919 BEACH WAY #4N		13 STREET ADDRESS	1914 Beachway #1A
CITY-ST-ZIP	JACKSONVILLE FL 32207		14 CITY-ST-ZIP	
TITLE	D	☐ DELETE	21 TITLE	☑ Change ☐ Addition
NAME	KATTERHENRY, PATRICIA		22 NAME	
STREET ADDRESS	1919 BEACH WAY #4N		23 STREET ADDRESS	1914 Beachway #1A
CITY-ST-ZIP	JACKSONVILLE FL 32207		24 CITY-ST-ZIP	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 7-31-96 9047200061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #