

## **PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90103 049 \*\*\*150.00

i. Corporatio	MENT # <b>P9500(</b> d Quaid, INC:	0097280							
Principal Ptac	e of Business	Mailing Address				- I HAMBINGON COM HANNEN MENNE	2511 SEIL ESIN SE	im imilis immili grads	191() 89() (49)
2700 WESTHALL LN 2700 WESTHALL LN									
TE 205		STE 205				DO NOT WRITE IN THIS SPACE			
MAITLAND FL 32751-7203 US		MAITLAND FL 32751-7203 US			3. Date incorporated or Qualifed				
9		US				12/19/1995	idii o		
Procinal P	Place of Business	2a. Mailing Addr	ress			4. FEI Number		Ap	plied For
]	index of business	26				59-3352788		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.			5. Cartificate of Status Des	ired 🗀	\$8.75 A	
City & Stat		City & State			-	Election Campaign Fina     Trust Fund Contribution	ūciuė. 🗀	\$5.00 Added	
Zlp	Country	Zip	<u>c</u>	Country		8. This corporation owes the	ne current year	intangible \	
	25	29	30	-		Persona Property Tax.		Z Yès	□No
·	9. Name and Address of Curre					10. Name and Address of	New Registers	d Agent /	
·····				81 N	lame	_			
QUAID, RICHARD 2700 WESTHALL LN STE 205				82 S	treet Addre	dress (P.O. Box Number is Not Acceptable)			
				83					
STE	205			83					
	205 TLAND FL 32751								
MAI	TLAND FL 32751	502 and 607.1508. Flori	ida Statules, the	84 C	city	vation submits this statement	For the purpose	85 Zip (	
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CITY-51-22 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 cert by that the information indicated on this annual report or supplemental annual report of receiver or must be 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 must be 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.

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

2			

CITY- 51-20°

STREET ADDRESS

TITLE

SIGNA SIGNATURE AND TYPED OR P

DELETE

407-825-155

Change

Addition

ENTEREL) APR 1 6 1999