

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000057030 (4)**

1. Corporation Name

QUALITY LEAD RESOURCES, INC.



Principal Place of Business

Mailing Address

**19701 EAST COUNTRY CLUB DRIVE, UNIT 107
AVENTURA FL 33180**

**19701 EAST COUNTRY CLUB DRIVE, UNIT 107
AVENTURA FL 33180**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 13899 Biscayne Blvd.		26 13899 Biscayne Blvd.		07/08/1996			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 311		27 211		66-0677473		Not Applicable	
City & State		City & State		6. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 N. Miami Beach FL		28 N. Miami Beach		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 33181		29 33181					
Country		Country					
25 USA		30 USA					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

81 Name	Leonard H. Gorman
82 Street Address (P.O. Box Number is Not Acceptable)	2655 Lettune RD P.H 1-D
83	
84 City	Coral Gables
85 Zip Code	FL 33134

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

Signature, if not a registered agent and not applicable

LEONARD H. GORMAN

(NOTE: Registered Agent signature required when reinstating)

8/4/97

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	11 TITLE	PSTD
NAME	LEVY, BRYAN GERSON	12 NAME	Levy, Bryan Gerson
STREET ADDRESS	19701 EAST COUNTRY CLUB DRIVE, UNIT 107	13 STREET ADDRESS	9880 W Bay Harbor Pr.
CITY-ST-ZIP	AVENTURA FL 33180	14 CITY-ST-ZIP	Bay Harbor Isl. FL 33154
TITLE		21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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, changed, or on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

CR2E034 (4/97)