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

POCUMENT # P96000057030 (4)

QUALITY LEAD RESOURCES, INC.

FILED

Apr 24 1998 8:00am

Secretary of State

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Principal Plac	e of Business	Mailing Address		i additodt tin insia Nisii dækt daliti	BATTI DOLOT BITITI TOBAT OBSTO EITH BOTT EDET
13899 BISCA	YNE BLVD	13899 BISCAYNE BLVD		1	
SUITE 211		SUITE 211		SO NOT WE	TO IN THIS SOLOE
NORTH MIAMI BOH FL 33181 NORTH MIAMI BCH FL 3318 US US			181		TE IN THIS SPACE
1 03		υş		3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address /		07/08/1996 4. FEI Number	Applied For
21 lelde	NE 125 St	26 10 WW NE	= 125 8	65-0677473	Not Applicable
Suite, Apt	3.00°	Suite Apt. # etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	TH MIAMIFIA	City & State M	MI FIA	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 1/2/	ZID - 11	Country	8. This corporation owes or has	
24 3	3/64 25 USH	29 33/64	30 USH	Personal Property Tax due Jui	
	9. Name and Andress of Current		<u> </u>	10. Name and Address of New I	
GORMAN, LEGNARD H 81 Name					
			B2 Street Add	drage (D.O. Boy threshop to Mark 4	la bla
CORAL GABLES FL 33134			BZ Street Add	dress (P.O. Box Number is Not Accept	.able)
	IN CONDECO I E CONOT		83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named co	rporation slibmits this state tent for the	purpose of changing its registered
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, typed or printed name of registered agent	and trile if applicable (NOTE	Registered Agent signature requ		DATE
12.	OFFICERS AND		13,	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
THLE	PSTD	DELETE	1.1 TITLE		L Change L Addition
NAME	LEVY, BRYAN GERSON		1.2 NAME		,
STREET ADDRESS	9880 W BAY HARBOUR DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	BAY HARBOUR FL		1.4 CITY-ST-ZIP		
TITLE		L) DELETE	2.1 TITLE		L. Change L. Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		J
CITY-ST-ZIP		Driete	3.4. CITY-ST-ZIP		Change
TITLE		L_J DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		i
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE NAME			5.1 TITLE 5.2 NAME		L. Ondrige L. Audition
1			f		}
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-SI-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		الماد الم	6.2 NAME		Change Addition
		~3			
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

I hereby certify that the information supplied with this filling 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 suppliemental 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 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 change for on an attachment with an address.

SIGNATURE: