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FILED

Jan 29, 1999 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01-29-1999 90050 001 ****150.00

DOCUMENT # P96000071271

1. Corporation Name
QUAD DESIGN, INC.



Principal Place of Business
119 E. COLONIAL DRIVE
ORLANDO FL 32801

Mailing Address
251 NEW GATE LOOP
HEATHROW FL 32746-4127

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/23/1996

21

26

4. FEI Number

59-3439261

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

22

27

Zip

Country

Zip

Country

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes

No

23

28

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DRAVES, DONNA L
120 E CONCORD ST
ORLANDO FL 32801

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 607.1508, 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME CROSS, BRIAN V
STREET ADDRESS 251 NEW GATE LOOP
CITY-ST-ZIP HEATHROW FL 32746

DELETE

1.1 TITLE Change Addition

TITLE P
NAME CROSS, BRIAN V
STREET ADDRESS 251 NEW GATE LOOP
CITY-ST-ZIP HEATHROW FL 32746-4127

DELETE

2.1 TITLE Change Addition

TITLE VPST
NAME CROSS, GERALDINE L
STREET ADDRESS 251 NEW GATE LOOP
CITY-ST-ZIP HEATHROW FL 32746-4127

DELETE

3.1 TITLE Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

4.1 TITLE Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE Change Addition

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 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, with all other like empowered.

SIGNATURE:

Geraldine L. Cross
Katherine Harris
1/13/99 805-0921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #