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Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000085807 (1)

1. Corporation Name
Q.N.C., CORP.

Principal Place of Business

Mailing Address

1059 MAITLAND CENTER COMMONS, SUITE 200
MAITLAND FL 32751

1059 MAITLAND CENTER COMMONS, SUITE 200
MAITLAND FL 32751-7434



2. Principal Place of Business

2a. Mailing Address

21 2700 Westhall Lane
Suite, Apt. #, etc.

26 2700 Westhall Lane
Suite, Apt. #, etc.

22 Suite #205
City & State

27 Suite #205
City & State

23 Maitland, FL
Zip

28 Maitland, FL 32751-7203
Zip

24 32751-7203 25 USA

29 32751-7203 30 USA

9. Name and Address of Current Registered Agent

QUAID, RICHARD
1059 MAITLAND CENTER COMMONS, SUITE 200
MAITLAND FL 32751

3. Date Incorporated or Qualified

3a. Date of Last Report

10/16/1996

4. FEI Number

59-3406970

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2700 Westhall Lane

83 Suite #205

84 City
Maitland

85 Zip Code
FL 32751-7203

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 PSD
NAME QUAID, RICHARD
STREET ADDRESS 1059 MAITLAND CENTER COMMONS, SUITE 200
CITY-ST-ZIP MAITLAND FL 32751

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 2700 Westhall Lane, Suite 205
1.4 CITY-ST-ZIP Maitland, FL 32751-7203

TITLE TD
NAME NICOLETI, ANTOINETTE
STREET ADDRESS 1059 MAITLAND CENTER COMMONS, SUITE 200
CITY-ST-ZIP MAITLAND FL 32751

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 2700 Westhall Lane, Suite 205
2.4 CITY-ST-ZIP Maitland, FL 32751-7203

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1-24-97

407-825-1955

CR2E034 (9/96)