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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000087773**1. Corporation Name

QUOSA, INC.

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Principal Plac	e of Business	Ma	ailing Address				PARIN BURN BUNDI I	8111 18 8 11 18 8	
2641 SW COLLEGE RD 1621 N.E. 2ND STREET OCALA FL 34474 #404 US OCALA FL					DO NOT WE	RITE IN THIS	SPACE		
		00	MEN TE			3. Date Incorporated or Qualifier		OI AOL	
						10/24/1996			
2. Principal P	Place of Business	2a.	Mailing Address			4. FEI Number	ı	Α	pplied For
21		26				65-0705851		I	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		•	Additional
22		27	011 1 01 1			5. Commont of Charles Boomed		Fee F	Required
City & Stat	te .		City & State			6. Election Campaign Financing			May Be
Zip	Country	28	Zip	Country		Trust Fund Contribution			to Fees
24	25	29	Ζip		,	8. This corporation owes the cu	•	ngible ∐Yes	□No
24	9. Name and Address of Cur		tered Agent	30		Personal Property Tax. 10. Name and Address of New			- E-140
	U. Harrio and Address VI Cor			81	Name	TO. Name and Address of New	vedisieien v	Acur	
KER	r, anita								
1621 N.E. 2ND STREET			82	Street Ad	ldress (P.O. Box Number is Not Accep	table)			
#40-	4			83		。 医二氏血管性细胞性电压性 医红色素体 经 一定证明实际 经数据数据的证据数据	san beneda in Notation (No. 1986)	10 - 10 A - 12 A	- 115k (17 188)
OCA	VLA FL 34470					一种"基本是特别的	建蜡醇:		
				84	City	22. 7 2 7 11 2211	FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 607 0	0502 and 60	07 1508 Florida Statu	tes the abov	e-named co	progration submits this statement for the	numose of o	hanging it	s registered
office or r	egistered agent, or both, in the Sta	ate of Florid	la. Such change was a	authorized by	the corpora	ation's board of directors. I hereby acce	pt the appoin	tment as r	egistered
	m familiar with, and accept the obl	idations of.	Section 607,0505, Flo						
_	•	3		nica Statutes	i.				
SIGNATURE	Signature, typed or printed name of registered					uind uton rejectolica	, ,	:	
_	Signature, typed or printed name of registered OFFICERS	agent and title if	f applicable. (NOTE	E Registered Age		ired when reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AND	DIRECT	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered: OFFICERS	agent and title if	f applicable. (NOTE			ADDITIONS/CHANGES TO O		DIRECT	ORS IN 12
SIGNATURE	OFFICERS	agent and title if	f applicable. (NOTE	E: Registered Age					
SIGNATURE 12. TITLE	OFFICERS D	agent and title if	f applicable. (NOTE	13. 1.1 TITLE 1.2 NAME	nt signature requi	ADDITIONS/CHANGES TO O			
SIGNATURE 12. TITLE NAME STREET ADDRESS	OFFICERS D KERR, ANITA	agent and title if	f applicable. (NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature requi	ADDITIONS/CHANGES TO O			
SIGNATURE 12. TITLE NAME	OFFICERS D KERR, ANITA 1621 N.E. 2ND STREET #40	agent and title if	f applicable. (NOTE	13. 1.1 TITLE 1.2 NAME	nt signature requi	ADDITIONS/CHANGES TO O			
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS D KERR, ANITA 1621 N.E. 2ND STREET #40	agent and title if	f applicable. (NOTE CTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	nt signature requi	ADDITIONS/CHANGES TO O		☐ Change	☐ Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Feb 18, 1999 8:00am

Secretary of State

A PORRIORA NA ERIFE RIAN BRINI RANK RÂND GANDÎ ÎNDI 1800 LABÎN 1880 DARD 180 2000.

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352-237-1715