

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **S89126** (4)
1. Corporation Name
QUINTESSENCE ENTERPRISES, INC.

Principal Place of Business 1232 CR 1 DUNEDIN FL 34698 US	Mailing Address 1232 CR 1 DUNEDIN FL 34698 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/23/1991	
25		30		4. FEI Number 59-3089791 Applied For Not Applicable	
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GASSMAN, ALAN S. 1212 COURT STREET SUITE B CLEARWATER FL 34618				10. Name and Address of New Registered Agent 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	DVP	NAME	LEONARDO, CLEMENT R	1.1 TITLE		1.2 NAME	
STREET ADDRESS	7465 - 131ST WAY NORTH			1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
CITY-ST-ZIP	SEMINOLE FL			2.1 TITLE		2.2 NAME	
TITLE	DP	NAME	LEONARDO, MICHAEL	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
STREET ADDRESS	2468 A LAURELWOOD DR			3.1 TITLE		3.2 NAME	
CITY-ST-ZIP	CLEARWATER FL			3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
TITLE	DT	NAME	LEONARDO, CAROLYN	4.1 TITLE		4.2 NAME	
STREET ADDRESS	7465 131ST WAY NORTH			4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP	SEMINOLE FL			5.1 TITLE		5.2 NAME	
TITLE	DS	NAME	LEONARDO DORIS	5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
STREET ADDRESS	2468 A LAURELWOOD DR			6.1 TITLE		6.2 NAME	
CITY-ST-ZIP	CLEARWATER FL			6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
TITLE		NAME					
STREET ADDRESS							
CITY-ST-ZIP							
TITLE		NAME					
STREET ADDRESS							
CITY-ST-ZIP							

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 in an attachment with an address.

SIGNATURE:

[Signature]

1.15.97 813-734-2888

CR2E034 (10/97)