FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1	996	DIVISION OF C	ORPORATIONS	_	
DOCUN 1. Corporation	MENT # V742	B1 (9)			
D. R. C	QUARTEL, JR., INC.				
Principal Place of	of Business	Mailing Address			11 HB; \$191 0181 6101 018H 010H 010H 018H
2917 CLUBVIEW DR		2917 CLUBVIEW DR			
ORLANDO FI		ORLANDO FL 32822			
				3. Date Incorporated or Qualified	3a. Date of Last Report
				10/26/1992	05/01/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number 59-3147988	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27]		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for	Added to Fees
Zip 24	25	29	30		□No
	9. Name and Address of Curr			10. Name and Address of New I	Registered Agent
•			81 Name		
			82 Street Add	ress (P.O. Box Number is Not Acceptat	ale)
4011 BOBOLINK LN			83		
URLANDU PL 32804					B5 Zip Code
ļ	_		84 City		FL
11. Pursuanyte	o the provisions of Sections 607.05	Parci 607,1508, Florida Statute	s, the above named corpo	pration submits this statement for the pu and of directors. Thereby accept the app	roose of changing its registered office
	ed age it or both, in the State of Flo h, and hoosent the chligation of Sc	ordan Such change was authorize edrion 607.0505, Plorida Statules	C CO	art of directors. The early accept the art	· / C :
SIGNATURE _	10mans He	grand,) Ussen	2 m	1 / 4 6
12.	Signature types or printed raine of registere Lag OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	ICERS AND DIRECTORS IN 12
TITLE	PO	DELETE	1 ' TITLE		Change Addition
NAME	QUARTEL, D R JR		1.2 NAME		
STREET ACORESS	2917 CLUBVIEW DR		1.3 STREET ADDRESS		
CITY - ST - ZIP	ORLANDO FL 32822		1 4 CHY - ST - ZIP		Change Addition
TITLE	TD	☐ DEFELE	2 1 TITLE		Change Addition
NAME:	ENGLISH, MICHELA A 2917 CLUBVIEW DR		2 2 NAME 2 3 STREET ADORESS		
STREET ADDRESS CITY+ST-ZIP	ORLANDO FL 32822		2 4 CITY-ST-ZIP		
TITLE	SD SD	DELETE	3 1 TITLE		Change Addition
NAME	QUARTEL, JANE W		3.2 NAME		
STREET ADDRESS	4011 BOBOLINK LN		3.3 STREET ADDRESS		
CITY-SI-ZIP	ORLANDO FL 32804	F7 0/167	3.4 CITY - ST - ZIP		Change Addition
TITLE		C DELETE	4.1 TITLE		Change [Adultion
NAME			4.2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS CITY+ST-ZIP			4 4 CITY - SI - ZIF		
TITLE		DELETE	5 1 TiTLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STHEET ADDRESS		
CITY - S1 - ZIP		Floorett	5 4 CITY - \$T - 7IP		Change Addition
TITLE		DELETE	€ 1 TITLE 62 NAME		C origings C naution
NAME CTREET ADDRESS			63 STREET ADDRESS		
STREET ADDRESS CITY - ST - ZIP			6.4 C-TY - ST - ZIP		

14. I do hereby certify that the information supplied with this fining is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 precise of the corporation or the receiver on justee empowered to execute this report as required by Crinpter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if throughout or an attachment, this in juddress.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAL OFFICER OR DIRECTOR 707

CR2E034 (12/95)