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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

371007

(6)

DOCUMENT #

1. Corporation Name QUALITY SANDBLASTING, INC.



Principal Place of Business Mailing Address									
	son street DD FL 33021	13111 SW 69 STREET FT LAUDERDALE FL 33330 US							
						3. Date Incorporated or Qualified 10/08/1970	3a. Date of 05	ast    01/	1995
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number Applied For Not Applied For Not Applied For			
21		26				Not Applicable			
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional
22		27							Required
City & State		h1	City & State			6. Election Campaign Financing \$5.00 May Be			
23 Zin	Country	28	Ι			Trust Fund Contribution			led to Fees
Zip 24	Country 25	Zip	Countr 30	ry		8. This corporation has flability for in Florida Statutes X Yes		nder :	s 199.032,
[24]	9. Name and Address of Curren	29 Registered Agent				Florida Statutes X Yes  10. Name and Address of New Re		-	
	<u> </u>	g.c.c.c.c.c.	8	1	Name	10. Hame and Address of New A	gistered Age		
VALISA	IRIOS, ANDREA		Ľ						
	MUSTANG TRAIL		8:	2	Street Addres	ss (P.O. Box Number is Not Acceptabl	9)		
l	IDERDALE FL 33330		8	3			····		
			"	•					
			8-	4	City		F-1 8	35 Z	Zip Code
11. Pursuant to	the provisions of Sections 607 0502	and 607 1508. Florida Statute	e the above		med comorat	ion submits this statement for the purp	FL		registered office
l or registere	id agent, or both, in the State of Floric	la. Such change was authorize	ed by the cor	por	ration's board	of directors. I hereby accept the appo	intment as reg	istere	ed agent. I am
tamiliar witt	n, and accept the obligations of, Secti	on 607.0505, Florida Statutes.							-
SIGNATURE _	Signature, typed or printed name of registered agent.	and tills if south ratio. Author	TL: Consistence An		signature required w	diese resigned Military			
12.	OFFICERS AND		13.	ionic e	signature required w	ADDITIONS/CHANGES TO OFFI	DATE CEBS AND DIE	RECT	ORS IN 12
TITLE	T	——————————————————————————————————————		1.1 TITLE 1.2 NAME		TODAY OF THE OFFI		hange	
NAME	ZITIS, DIANE								
STREET ADDRESS	13111 MUSTANG TRAIL		1.3 STR		OUBESS				
CITY-ST-ZIP	FT. LAUDFROALF FI		1.4 GHY-						
TITLE	P DELE		2 1 1111.0		<u></u>			hange	: Addition
NAME	VELISARIOS, PAUL			2.2 NAME 2.3 STREET ADDRESS					
STREET ADDRESS	13111 MUSTANG TRAIL								
CITY-ST-ZIP	FT. LAUDERDALE FL			24 CHY-ST-ZIP					
TITLE	VD	DELETE		3 1 TITLE 32 NAME 33. STREET ADDRESS				hange	Addition
NAME	VELISARIOS, ANDREA		3.2 NAME				_	•	
STREET ADDRESS	13111 MUSTANG TRAIL		3.3. STRE						
CITY-ST-ZIP	FT. LAUDERDALE FL			3.4 CITY - ST - ZIP					İ
TITLE	ZITIS, DIANE  13111 MUSTANG TRAIL  FT. LAUDERDALE FL  4.1  4.1  4.2  4.3  4.4			4. 1 TITLE				hange	: Addition
NAME			4 2 NAME				_		
STREET ADDRESS			43 STRE	4.3 STREET ADDRESS					•
CITY - ST - ZIP				4.4 CIRY-S1-ZIP					
TITLE		DELETE	5 1 THILE					hange	Addition
NAME			5.2 NAME	5.2 NAME					
STREET ADDRESS			53 STRE	ET AI	DDRESS				
CITY - ST - ZIP			5.4 CITY-	ST-	- 7IP				
TITLE		DELETE	6 1 TITLE					hange	Addition
NAME			6.2 NAME						ļ
STREET ADDRESS			63 STRE	ET AI	DDRESS				
CITY-ST-ZIP			64 CITY-						
14. I do hereby	certify that the information supplied v	with this filing is voluntarily furni	shed and do	es i	not qualify for	the exemption stated in Section 119.0	)7(3)(k), Florida	Stali	utes. I further

contry 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 AND TYPED OR PRIVITED NAME OF SIGNING OFFICER OR DIRECTOR

DIANE ZITIS 4/23/96

954 434-2430