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

PROFIT -**CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 04, 1999 8:00 am Secretary of State 05-04-1999 90151 014 ***150.00

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JUUL	JMENT	#	~ ~ /~	1 N 1 /
			U 1	

1. Corporation Name

QUALITY SANDBLASTING, INC.

	•					
Principal Plac	e of Business	Mailing Address				-{
5621 JOHNSON STREET		13111 SW 69 STREET				
HOLLYWOOD FL 33021		FT LAUDERDALE FL 33330				
		US				DO NOT WRITE IN THIS SPACE
						Date Incorporated or Qualifed
						10/08/1970
Principal P	face of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				59-1390912 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22		27)			Fee Required	
City & State		City & State		•	6. Election Campaign Financing \$5.00 May Be	
23		28)			Trust Fund Contribution Added to Fees	
Zip Country		Zip Country			8. This corporation owes the current year Intangible Personal Property Tax. Yes No	
24	9. Name and Address of Current		<u>"</u>			Personal Property Tax. Yes LINO 10. Name and Address of New Registered Agent
	g. Name and Address of Content	Registered Agent		11 N	 ame	10. Name and Address of New Registered Agent
VALI	SARIOS, ANDREA					
1311	1 MUSTANG TRAIL		8	12 St	reet Addres	ess (P.O. Box Number is Not Acceptable)
FT L	AUDERDALE FL 33330		E	3		
			{			
			8	I4 Ci	ty	FL 85 Zip Code
44 Purcuant	to the province of Sections 607 0503	2 and 607 1508 Florida Statutes	the abo		med corner	oration submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State of	of Florida. Such change was auth	norized t	y the	corporation	n's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	a Statute	es.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable /NOTE: De	rickend Ac	nent elan	stura tarvinad u	1 when reinstating) DATE
12.	OFFICERS AND		13.	Joint orgin	aldio idealog i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	T	DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	ZITIS, DIANE		1.2 NAM	E	- }	}
STREET ADDRESS	13111 MUSTANG TRAIL		1.3 STRE	ET ADD	RESS	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY			
TITLE	P	☐ DELETE .	2.1 TITLE			☐ Change ☐ Addition
NAME	VELISARIOS, PAUL		2.2 NAM	E	}	·
STREET ADDRESS	13111 MUSTANG TRAIL		2.3 STRE	ET ADD	RESS	
CITY-ST-ZIP	FT: LAUDERDALE FL		2. 4 CITY			
TITLE	VD	☐ DELETE	3.1 TITLE			Change Addition
NAME	VELISARIOS, ANDREA		3.2 NAMI	E	j	
STREET ADDRESS	13111 MUSTANG TRAIL	:	3.3 STRE		RESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	ı	3.4. CITY	-ST-ZIP	.	· ·
TITLE	S	☐ DELETE	4.1 TITLE			Change Addition
NAME	ZITIS, DIANE	I	4. 2 NAM	ΙE	- {	
STREET ADDRESS	13111 MUSTANG TRAIL		4.3 STRE	ET ADD	RESS	
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY			
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME (•		5.2 NAMI		1	
STREET ADDRESS			5.3 STRE	ET ADDI	RESS	
CITY-ST-ZIP		j	5.4 CITY	ST-ZIP	(
TITLE		DELETE	6.1 TITLE	:		☐ Change ☐ Addition
NAME (6.2 NAM	Ē	}	
STREET ADDRESS			6.3 STRE	ET ADD	RESS	
CITY-ST-ZIP			6.4 CITY-	\$T-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 on an attachment with all other like empowered.

SIGNATURE:

954 434-2430