

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G64173 (9)**

1. Corporation Name
QUALITY STARTER AND ALTERNATOR SERVICE, INC.



Principal Place of Business: **23380 JANCE AVE. UNIT #1 CHARLOTTE HARBOR FL 33980**
Mailing Address: **23380 JANCE AVE UNIT #1 CHARLOTTE HARBOR FL 33980**

2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified	3a. Date of Last Report
21	26	11/01/1983	05/18/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-2336598	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	29	<input type="checkbox"/>	
Country	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25	30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LOBOSCHEFSKI, FRED E. SR. 23375 JANICE AVE CHARLOTTE HARBOR FL 33980	81 Name ALAN D LOBOSCHEFSKI 82 Street Address (P.O. Box Number is Not Acceptable) 23380 JANICE AVE 83 UNIT 1 84 City CHARLOTTE HARBOR FL 85 Zip Code 33980

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: *Alan D. Loboschewski* President DATE: **5-6-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	VP
NAME	LOBOSCHEFSKI, FRED E. JR	1.2 NAME	FRED E LOBOSCHEFSKI JR
STREET ADDRESS	23380 JANICE AVE 1	1.3 STREET ADDRESS	SAMZ
CITY- ST- ZIP	PORT CHARLOTTE FL	1.4 CITY- ST- ZIP	
TITLE	VP	2.1 TITLE	PRESIDENT
NAME	LOBOSCHEFSKI, FRED E. SR	2.2 NAME	ALAN D LOBOSCHEFSKI
STREET ADDRESS	3620 SWANEE RD	2.3 STREET ADDRESS	2652 FLOWER RD
CITY- ST- ZIP	PORT CHARLOTTE FL	2.4 CITY- ST- ZIP	PUNTA GORDA FL 33955
TITLE	VP	3.1 TITLE	
NAME	WOODY, HAROLD L.	3.2 NAME	
STREET ADDRESS	2405 UNION ST.	3.3 STREET ADDRESS	
CITY- ST- ZIP	PUNTA GORDA FL	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	600001829556
NAME		5.2 NAME	-05/20/96--01051--018
STREET ADDRESS		5.3 STREET ADDRESS	***200.00
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing 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 director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Fred E Loboschewski Sr* **FRED E LOBOSCHEFSKI SR** (941) **627-2677**
DATE: **4-18-96**

CR2E034 (12/95)