

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 18 AM 8:51

DOCUMENT # K85947

(5)

1. Corporation Name

QUALITY ART SERVICES, INC.

Principal Place of Business

**2765 W. CYPRESS CREEK RD.
SUITE B
FT. LAUDERDALE FL 33309**

Mailing Address

**2765 W. CYPRESS CREEK RD.
SUITE B
FT. LAUDERDALE FL 33309**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1989

3a. Date of Last Report

03/03/1994

4. FEI Number

65-0183968

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under § 190.002,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. # etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. # etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**DAVID R. FARBSSTEIN, ESQ
2765 W. CYPRESS CREEK RD.
SUITE B
FT. LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Numbers 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

Signature, typed or printed name of registered agent and title if applicable

12

12. OFFICERS AND DIRECTORS

TITLE

DP

NAME

ALVO, ALLEN

STREET ADDRESS

2765 W. CYPRESS CREEK RD

CITY- ST- ZIP

FT. LAUDERDALE FL

TITLE

V

NAME

ALVO, DEBORAH

STREET ADDRESS

2765 W. CYPRESS CREEK RD

CITY- ST- ZIP

FT LAUDERDALE FL

TITLE

ST

NAME

ALVO, ALLEN

STREET ADDRESS

2765 W. CYPRESS CREEK RD

CITY- ST- ZIP

FT LAUDERDALE FL

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS: CHANGE S TO OFFICERS AND DIRECTORS IN 12

1. TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 Sections 132.002(6)(b), 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 an address.

SIGNATURE: Deborah H. Alvo Vice President, Deborah H. ALVO 1-95 409 48946

SIGNATURE AND TYPED OR PRINTED NAME OF MONITORING OFFICER OR DIRECTOR

Date

Signature Number