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

CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M48151

QUALITY ENGINEERING SYSTEMS OF TOMORROW, INC.											
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			· .								
Principal Place	e of Busines	s			Mailing A	Address					
1000 E. ATLANTIC BLVD. 18353 FRESH LAKE WAY											
201-G BOCA RATON FL 33498 POMPANO BEACH FL 33060 US						(IUN FL 33498				DO NOT WRITE IN THIS SPACE	
US										3. Date Incorporated or Qualifed	
											= 03/12/1987
2. Principal P	lace of Busi	ness			2a. Maili	ng Address					4. FEI Number Applied For
21						26					59-2860135 Not Applicable
Suite, Apt.	#, etc.		}	Suite, Apt. #, etc.						5. Certificate of Status Desired See Required	
City & State					City & State						6. Election Campaign Financing \$5.00 May Be
23					28						Trust Fund Contribution Added to Fees
Zip	Country				h			Country	İ		8. This corporation owes the current year Intangible
24		25			29	- <u>-</u>	30				Personal Property Tax. Yes No
	9. Name	and	Address o	Current R	egistered	Agent		81	1	Nessa	10. Name and Address of New Registered Agent
CAR	או הוער	אר						61	l '	Name	
CARRYL, CLYDE 18353 FRESH LAKE WAY							82		Street Addres	ss (P.O. Box Number is Not Acceptable)	
BOC	A RATON	FL 3	3498					83	T	<del></del>	
								84	(	City	FL 85 Zip Code
	An Ali n manufe		of Continue	CO7 0502 -	-4 607 450	30 Clorida Ctati	utos th	ho above	<u>_</u>	nmad corpor	
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 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										's board of directors. I hereby accept the appointment as registered	
SIGNATURE		<del></del>		·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		TE: D1		-A =1:		when reinstating) DATE
12.	Signature, type	o or pri	nted name of reg	ERS AND D				13.	n si	gnature required v	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD					DELETE	_	1.1 TITLE			☐ Change ☐ Addition
NAME	CARRYL,	CLY	/DF	_	-		į.	1.2 NAME			
STREET ADDRESS			LAKE WA	·Υ			_ <b>.</b>	1.3 STREET	T AD	DORESS	
CITY-ST-ZIP	BOCA RA			••			I.	1.4 CITY-ST	T- <i>2</i> 1	2P	
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NAME		_						2.2 NAME			The second secon
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CITY-ST-ZIP								3.4. CTY-S	it-Z	jip	
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CITY-ST-ZIP	<del></del>					The care		4.4 CITY-ST	T-ZI	ie –	Date: Date:
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TITLE							- 1	6.2 NAME		j	C Citalige Addition
NAME STREET ADOPESS							ı	6.3 STREET	[AD	XORESS	
STREET ADDRESS	i									1	

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 one attachment with an address with all other like empowered.

SIGNING OFFICER OR DIRECTOR

6.4 CITY-ST-ZIP

CITY-ST-ZIP

FILED Apr 22, 1999 8:00 am Secretary of State 04-22-1999 90193 035 \*\*\*150.00