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Mar 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000058394 (3)

1. Corporation Name: CUSTOM QUALITY MANUFACTURING, INC.



Principal Place of Business: 1218 W FLETCHER AVE TAMPA FL 33612
Mailing Address: P O BOX 273267 TAMPA FL 33688-3267

3. Date Incorporated or Qualified: 07/08/1996
3a. Date of Last Report
4. FEI Number: 59-3388725
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 s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 221 W. Waters Ave
22 Suite, Apt. #, etc.
23 Tampa FL
24 33604
25 Country
26
27 Suite, Apt. #, etc.
28 Tampa FL
29 Zip
30 Country

9. Name and Address of Current Registered Agent
MONTAMBAULT, LEON
1218 W FLETCHER AVE
TAMPA FL 33612

10. Name and Address of New Registered Agent
81 Name: LEON MONTAMBAULT
82 Street Address (P.O. Box Number is Not Acceptable): 221 W. Waters Ave
83
84 City: Tampa FL 85 Zip Code: 33604

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Table with 12 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row 1: D MONTAMBAULT, LEON, 1218 W FLETCHER AVE, TAMPA FL 33612. Includes 'DELETE' checkboxes.

Table with 13 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Row 1: Change, 221 W. Waters Ave, Tampa FL 33604. Includes 'Change' and 'Addition' checkboxes.

14. I do 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 an address.

SIGNATURE: _____ (REQUIRED)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3497

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