

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

**FILED**

**Apr 13 1998 8:00am  
Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000058394 (3)**  
 1. Corporation Name  
**CUSTOM QUALITY MANUFACTURING, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>221 W WATERS AVE TAMPA FL 33612 US</b>	Mailing Address <b>P O BOX 273267 TAMPA FL 33688-3267</b>
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3. Date Incorporated or Qualified <b>07/08/1996</b>	4. FEI Number <b>59-3388725</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 <b>5015 Tampa West Blvd</b>	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>Tampa, FL</b>	City & State 28
Zip 24 <b>33634</b>	Country 25 <b>USA</b>
29	30

9. Name and Address of Current Registered Agent  
**MONTAMBAULT, LEON  
221 W WATERS AVE  
TAMPA FL 33612**

10. Name and Address of New Registered Agent  
 81 Name **Montambault, Leon**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**5015 Tampa West Blvd.**  
 83  
 84 City **Tampa** FL 85 Zip Code **33634**

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 607.0605, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MONTAMBAULT, LEON</b>	1.2 NAME	<b>Montambault, Leon</b>
STREET ADDRESS	<b>221 W WATERS AVE</b>	1.3 STREET ADDRESS	<b>5015 Tampa West Blvd.</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	1.4 CITY-ST-ZIP	<b>Tampa, FL 33634</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 an address.

SIGNATURE:  **Leon Montambault 4/6/98 (813)290-0805**

CR2E034 (10/97)