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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

	1996		,	etary of State OF CORPORATIONS			
DOCU 1. Corporatio	MENT #	S92542	2 (7)				
QUA	LITYLIFE, INC.				4 /BB/(B)/2 (4E /B/)/2 (1DE /B/)/4		
Principal Place	e of Business		Mailing Address				
	Souri ave. South		P O BOX 647 ELFERS FL 34680				
			US		3. Date Incorporated or Qualified 11/06/1991	3a. Date of Last 05/01/	
2. Principal Pi	lace of Business	F	2a. Mailing Address		4. FEI Number 59-3174916	00/01/	Applied For
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	·	5. Certificate of Status Desired	<u> </u> \$8.7	Not Applicable 5 Additional
City & State	e	2	City & State				Required
3		2	8		Election Campaign Financing Trust Fund Contribution		00 May Be ad to Fees
Zip 4	25 Cou	intry 2	Zip	Country	B. This corporation has liability for	intaggible tax under s	199.032,
		dress of Current Re		30	Florida Statutes Yes 10. Name and Address of New F	No Pagistared Apont	
				81 Name	Quak t	registered Agent	
	(, HOWARD	0.1 mm		82 Street Add	tress P. A Box Number is Not Acceptate		
	Missouri ave. se Rwater fl 34616			$\perp 1$	122 Misson	aci Au	e S
CLLAR	NITALEN FL 34010			83	learing Tir		
				84 City	. C. C.	85 Z	ip.Code
1. Pursuant te	o the provisions of Se	ctions 607,0502 and	607.1508, Florida Statute	es, the above named corpor	ration submits this statement for the nur	- FL 1/3	4616
1. Pursuant to or registere familiar wit	to the provisions of Se ed agent, or both, in t in, and accept the obl	ections 607.0502 and he State of Florida. Su igations of, Section 60	607.1508, Florida Statute uch change was authoriz 07,0505, Florida Statutes	es, the above-named corpored by the corporation's boa	oration submits this statement for the pur ard of directors. I hereby accept the app	- FL 1/3	registered office d agent. I am
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SIGNATURE: JOY OO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE FOR DIR GOOD Date Date Proper I