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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 355267 1. Corporation Name

QUALITY IMPORTS INC

Principal Place	ce of Business	Mailing Address				••••	
1006 N BEAL		1006 N. BEAL PKWY					
FORT WALTON BEACH FL 32547		FORT WALTON BEACH FL 32547-1404		4 -			
US		US				DO NOT WRITE IN THIS SPACE	
					Date Incorporated or Qualifed		
					11/13/1969		
2. Principal P	Place of Business	2a. Mailing Address			I I I I I I I I I I I I I I I I I I I	pplied For	
21		26			59-1291578 N	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Additional	
22		27			Fee R	equired	
City & Stat	te	City & State			6. Election Campaign Financing _ \$5.00	May Be	
23		28			Trust Fund Contribution Added	to Fees	
Zip	Country	Zip	Cour	itry	8. This corporation owes the current year Intangible		
24	25	29	30		Personal Property Tax.	□No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent		
		•		81 Name			
	TH, WALTER J			00 0: 1	Address (D.O. Day Mymbas is NI-4 AA-bla)		
25 W	VALTER MARTIN ROAD		82 Street		ddress (P.O. Box Number is Not Acceptable)		
FT W	NALTON BEACH FL 32548	-	ł	83			
	•		1	-			
,				84 City	FL 85 Zip	Code	
toker it east				<u> </u>		- registered	
i nπice or r	renisterea abent, or both, in the State.	DI FIDROA. SUCH CHANGE WAS A	IUUIOI IZGU	UV 1111C GOLD	d corporation submits this statement for the purpose of changing its poration's board of directors. I hereby accept the appointment as re	egistered	
fid agent. I a	am familiar with, and accept the obliga	tions of, Section 607.0505, Flo	rida Statu	tes.	, , ,	Ĭ	
SIGNATURE							
	Signature, typed or printed name of registered ager	t and title if analicable (NOTE	. Cariotanad	aest signatura	required when reinstating) DATE		
		*		gent signature	3/	222 21 42	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
12. TILE	OFFICERS AN	*			3/	ORS IN 12	
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 21, 1999 8:00am

Secretary of State

01-21-1999 90033 034 ***150.00