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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 694749

Mailing Address

QUALK INTERIORS, INC.

Principal Place of Business

(3)

FILED	
Apr 23 1997 8:00am	l
Secretary of State	



BOCA RATON FL 93431			BOCA RATON FL 33431-7457					
,					3. Date Incorporated or Qualified 07/15/1981	3a. Date of Last Report 03/19/1996		
2. Principal Pi	lace of Business	2a, Mailing Address	2a. Mailing Address		4. FEI Number	Applied For		
21		26			59-2312201	Not Applicable		
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				60 76		
22		27	27		5. Certificate of Status Desired	Fee Required		
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be		
23		28			Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Country		8. This corporation has liability for in			
24	25	29	30		Florida Statutes Yes No			
e, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
DUB	BNER, RONALD N., ESQ.		8	81 Name				
	N.FEDERAL HWY.,#220				description (D.O. Description in Mark Assessed 14.1)			
	CA RATON FL 33432		82 Street Addre		dress (P.O. Box Number is Not Acceptable)			
			83	3				
			84	City		FL 85 Zip Code		
11. Pursuant t	to the provisions of Sections 607.05	02 and 607 1508 Florida Statute	es the abov	/e-named corr	poration submits this statement for the n			
office or re	egistered agent, or both, in the Sta	te of Florida Such change was a	authorized b	by the corporat	poration submits this statement for the pition's board of directors. I hereby accep	t the appointment as registered		
agent. I ar	m familiar with, and accept the obli	gations of, Section 607,0505, Flo	onda Statute	es.				
SIGNATURE .	Signature, typod or printed name of registered a	and and title it environtile. (AVXII)	L: Danislaved A	ont signature requi	red when reinstaling)	DATE		
12.		ND DIRECTORS	13.	gent signature redui	ADDITIONS/CHANGES TO OFFICE			
TITLE	PSD	DELFTE	1.1 TITLE		ABBITIONS/OFFAIGLES TO OFFIC	Change Addition		
NAME	QUALK, DONNA		1,2 NAME					
STREET ADDRESS	6545 N.W. 11TH STREET			T ADDRESS		:		
CITY-ST-ZIP	MARGATE FL							
TITLE	VI	☐ DELETE	1.4 CITY - 2.1 TITLE	SI-2IP		Change Addition		
NAME	CLARK, H. GEORGE		2.2 NAME			C change C Audition		
STREET ADDRESS	APAR ALM AND OTHER				<u>.</u>			
	MADOLET EL			1 ADDRESS				
CITY-ST-ZIP TITLE	MANORILIE	DELETE	2. 4 CITY 3.1 TITLE	- SI-ZIP		Change Addition		
l l						Change C Apollion		
NAME			3.2 NAME	1				
STREET ADDRESS				1 ADDRESS		ì		
CITY-ST-ZIP		DELETE	3.4. CITY	-ST-ZIP				
TITLE		☐ DETEIF	4.1 TITLE			Change Addition		
NAME			4. 2 NAM					
STREET ADDRESS			4.3 STREE	1 ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE	DELETE 5.1 TI		5.1 TITLE			Change		
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS		1		
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change Addition		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS		ĺ		
CITY-ST-ZIP			6.4 CITY-	ST-ZIP		ļ		

14. I do hereby certify that the information supplied with this filting 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.

Maria Zuald

DONNA QUALK, PRESIDENT

4/14/97 (561)391-3971