


FILE NOW: FILING FEE IS \$61.25

FILED
May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 746599 (0)
1. Corporation Name
QUOTA INTERNATIONAL OF THE PALM BEACHES, INC.



Principal Place of Business % MIRIAM MCILVAINE 1526 NORTH "J" TERRACE LAKE WORTH FL 33460-1813	Mailing Address % MIRIAM MCILVAINE 1526 NORTH "J" TERRACE LAKE WORTH FL 33460-1813
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 04/03/1979	4. FEI Number 59-2047626	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent MCILVAINE, MIRIAM 1526 NORTH J TERRACE LAKE WORTH FL 33460	10. Name and Address of New Registered Agent 01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City 05 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	P DELETE
NAME	BERG, BETTY
STREET ADDRESS	359 VIA HERMOSA
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	TD DELETE
NAME	SIMPSON, MARY
STREET ADDRESS	4730 PINE CONE LANE
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	SVPD DELETE
NAME	CLEMENT, IRENE
STREET ADDRESS	1526 NORTH J TERRACE
CITY-ST-ZIP	LAKE WORTH FL
TITLE	SD DELETE
NAME	WATSON, RHONDA
STREET ADDRESS	P.O. BOX 7971 N/A
CITY-ST-ZIP	JUPITER FL
TITLE	S DELETE
NAME	CAMERON, CALLIE
STREET ADDRESS	417 PUTNAM RD
CITY-ST-ZIP	W PALM BCH FL
TITLE	SVP DELETE
NAME	GREEN, DELORES
STREET ADDRESS	1724-17TH LANE
CITY-ST-ZIP	PALM BEACH GARDENS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CAMERON, CALLIE
1.3 STREET ADDRESS	417 Putnam Road
1.4 CITY-ST-ZIP	West Palm Bch FL 33405
2.1 TITLE	FVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	IRENE E. CLEMENT, IRENE E.
2.3 STREET ADDRESS	1526 N. "J" Terrace
2.4 CITY-ST-ZIP	Lake Worth FL 33460
3.1 TITLE	SVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Vance, Gloria
3.3 STREET ADDRESS	130 Doolen Ct. #208-E
3.4 CITY-ST-ZIP	North Palm Bch FL 33408
4.1 TITLE	S-D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BERG, BETTY
4.3 STREET ADDRESS	359 Via Hermosa
4.4 CITY-ST-ZIP	West Palm Bch FL 33415
5.1 TITLE	T-D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MCILVAINE, MIRIAM M
5.3 STREET ADDRESS	1526 North "J" Terrace
5.4 CITY-ST-ZIP	Lake Worth FL 33460
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DADONE MAGGI
6.3 STREET ADDRESS	372 N Four Seasons Rd
6.4 CITY-ST-ZIP	Palm Bch Gardens FL 33410

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Betty Berg* 4-14-98 511-486218

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