

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 17, 1999 8:00 am
Secretary of State

06-17-1999 90008 043 ****61.25

DOCUMENT # 746599

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/03/1979

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2047626

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCILVAINE, MIRIAM
1526 NORTH J TERRACE
LAKE WORTH FL 33460

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **BERG, BETTY**
CITY-ST-ZIP **359 VIA HERMOSA**
WEST PALM BEACH FL 33415

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **SVP**
STREET ADDRESS **VANCE, GLORIA**
CITY-ST-ZIP **130 DOOLEN CT, SUITE 208-E**
NORTH PALM BEACH FL 33408

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **FVP**
STREET ADDRESS **CLEMENT, IRENE E.**
CITY-ST-ZIP **1526 NORTH J TERRACE**
LAKE WORTH FL 33460

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **VPD**
3.3 STREET ADDRESS **FELLER, JERRY**
3.4 CITY-ST-ZIP **727 Island Shores Drive**

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **MCILVAINE, MIRIAM M**
CITY-ST-ZIP **1526 NORTH J TERRACE**
LAKE WORTH FL 33460

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **West Palm Bch FL 33413**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **CAMERON, CALLIE**
CITY-ST-ZIP **417 PUTNAM RD**
W PALM BCH FL 33405

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **DADONE, MAGGI**
CITY-ST-ZIP **372 N. FOUR SEASONS RD**
PALM BEACH GARDENS FL 33410

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 617, 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.

SIGNATURE:

MIRIAM M. MCILVAINE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)