

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F26761 (9)			
1. Corporation Name QUALITY INSTALLATIONS, INC.			
Principal Place of Business C/O 801 WEST BAY DR., #200 LARGO, FL 33770		Mailing Address C/O 801 WEST BAY DR., #200 LARGO, FL 33770	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip Country 24 Zip Country		28. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29 Zip Country	
3. Date Incorporated or Qualified 03/25/1981		4. FEI Number 59-2148551	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☒ Yes ☐ No			
9. Name and Address of Current Registered Agent BROIDA, JOEL D., ESQUIRE 605 35TH AVENUE ST. PETE BEACH, FL 33706		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.			
SIGNATURE _____ (Type or printed name of registered agent or officer or director) (Type Registered Agent signature required when registering) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SONNENBERG, LAVERNE 310 E. CENTRAL BLVD. CAPE CANAVERAL, FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SONNENBERG, MARY ANN 310 E. CENTRAL BLVD. CAPE CANAVERAL, FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 change is on an addition with my address.		80000249129 -04/17/98--01024--016 ***150.00	
SIGNATURE: X L. Sonnenberg SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		X 4/10/98 Date X (407) 783-6600 Daytime Phone	

CR2E034 (10/97)