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FILED
Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000003401 (4)

1. Corporation Name

THE QUALITY SHOPPE, INC.

Principal Place of Business

823 E. STRAWBRIDGE
MELBOURNE FL 32901

Mailing Address

823 E. STRAWBRIDGE
MELBOURNE FL 32901-4736

3. Date Incorporated or Qualified
07/03/1996

3a. Date of Last Report

4. FEI Number
35-1892334

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIVEN, VICKIE L
312 S. BABCOCK ST
MELBOURNE FL 32901

81 Name

SAME

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

2321 ROYAL POINCIANA BLVD

83

84

MELBOURNE

FL

85 Zip Code
32935

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

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 P
NAME GIVEN, VICKIE L
STREET ADDRESS 312 S. BABCOCK ST
CITY-STATE-ZIP MELBOURNE FL 32901

1.1 TITLE SAME
1.2 NAME SAME
1.3 STREET ADDRESS 2321 ROYAL POINCIANA BLVD
1.4 CITY-STATE-ZIP MELBOURNE FL 32935-2114

TITLE T
NAME GIVEN, EDWARD Y JR
STREET ADDRESS 312 S. BABCOCK ST
CITY-STATE-ZIP MELBOURNE FL 32901

2.1 TITLE SAME
2.2 NAME SAME
2.3 STREET ADDRESS 2321 ROYAL POINCIANA BLVD
2.4 CITY-STATE-ZIP MELBOURNE FL 32935-2114

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do 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.

SIGNATURE:

Vickie L Given

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0089348

CR2E034 (9/96)