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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600003401 (4)

THE QUALITY SHOPPE, INC.

## **FILED** May 05 1998 8:00am Secretary of State



Principal Place	e of Business	Mailmo	Address					
823 E. STRAWBRIDGE MELBOURNE FL 32801			823 E. STRAWBRIDGE MELBOURNE FL 32901			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 07/03/1996		
2. Principal Pl	ace of Business	2a. Ma	iling Address			4. FEI Number		Applied For
21 48.3	5 W. EAU GAL	1 11 26 P	O Box	280	3	35-1892334		Not Applicable
Suite, Apr.	FN-5	Sui 27	te, Apt. #, etc.			5. Certificate of Status Desired	, , , , , , , , , , , , , , , , , , , ,	Additional Required
City & State 23 / FT (		28 /	State WKBOURA		-7	6. Election Campaign Financing Trust Fund Contribution		May Be od to Fees
Zφ 24 <i>32.43</i>	Country 25	Zip 29	32901-28	Country <b>78</b> 1.3	1	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	ne current year Yes	Intangible No
	9. Name and Address of C	urrent Registere				10. Name and Address of New Regist	ered Agent	
GIN	VEN, VICKIE L			81	Name			
2321 ROYAL POINCIANA BLVD MELBOURNE FL 32935					Street Add	ress (P.O. Box Number is Not Acceptable)	<del></del> ·	
WELDOURINE PL 32935				83				
				84	City		FL 85 Zi	p Code
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 appreciable (NOTE: Registered Agent signature required when reinstating)  DATE								
12.		S AND DIRECTOR		13.		ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
TITLE	ρ		DELETE	1.1 TITLE			Change	
NAME	GIVEN, VICKIE L			1.2 NAME				}
STREET ADDRESS	2321 ROYAL POINCIAN	BLVD		1.3 STREE	ADDRESS			13
CITY-ST-ZIP	MELBOURNE FL			1.4 CITY-	T-ZIP			];
TITLE	1		DELETE	21 TITLE			Change	e 🔲 Addition
NAME	GIVEN, EDWARD Y JR			22 NAME				ļ
STREET ADDRESS	2321 ROYAL POINCIAN	A BLVD		2.3 STREET	ADDRESS			
CITY-ST-ZIP	MELBOURNE FL			2 4 CITY -	ST-ZIP	·		
TITLE			☐ DELETE	3.1 TITLE			Change	e L Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREE				
CITY-ST-ZIP TITLE	•		DELETE	3.4. CITY-	51 - ZIP		☐ Change	e Addition
NAME				4.2 NAME				· Lastricani
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 City-1				
TITLE			DELETE	5.1 TITLE			☐ Chang	e Addition
NAME				5.2 NAME			_	
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP				5.4 CITY-5				İ
TITLE			DELETE	6.1 TITLE			Change	e Addition
NAME				6.2 NAME				
STREET ADDRESS				6.3 STREET	ADDRESS			
CITY-ST-ZIP				6.4 CITY-5	T-ZIP			
14. I hereby c	ertify that the information suppli	ed with this filing	does not qualify for	the exemp	tion stated in	Section 119.07(3)(i), Florida Statutes. I furti	ner certify that t	he information

Information 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.