

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 10 1998 8:00am
Secretary of State

DOCUMENT # F97000001677 (0)

1. Corporation Name

QUALITY ASSURED SERVICES, INC.



Principal Place of Business

1354 FRANKLIN STREET
ALTAMONTE SPRINGS FL 32701

Mailing Address

1354 FRANKLIN STREET
ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1997

4. FEI Number

59-3437647

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 30 E CYPRESS ST

Suite, Apt. #, etc.

22 City & State

23 WINTER GARDEN FL

24 Zip 34787 25 Country USA

2a. Mailing Address

26 30 E CYPRESS ST

Suite, Apt. #, etc.

27 City & State

28 WINTER GARDEN FL

29 Zip 34787 30 Country USA

9. Name and Address of Current Registered Agent

VISNICH, MICHAEL R
1354 FRANKLIN STREET
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name

VISNICH, MICHAEL R

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

83 30 E CYPRESS ST

84 City

WINTER GARDEN

FL

85 Zip Code

34787

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

NOTE: Registered Agent signature required when reinstating

DATE 7/2/98

12. OFFICERS AND DIRECTORS

TITLE PCS
NAME VISNICH, MICHAEL R
STREET ADDRESS 1354 FRANKLIN ST.
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE V
NAME DUNN, SHEILA G
STREET ADDRESS 10 TIMBERSONG RD
CITY-ST-ZIP WEAVERVILLE NC 28787

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE
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)(l), 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 in an attachment with an address.

SIGNATURE: Michael R. Visnich 7-2-98 407-656-0396

CR2E034 (5/98)



Quality Assured Services, Inc.

2

Division of Corporations
Annual Reports Filing
PO Box 1500
Tallahassee FL 32302-1500

July 2, 1998

Attn: Divisions of Corporations

Quality Assured Services, Inc. recently received its Annual Filing, which was a second notice.

I contacted your office and informed them that we had never received the first notice. This was due to our move to a permanent location the first of April. We had a temporary address, which is where this notice was received.

Again, your office informed us that the regular fee of \$ 150.00, is all that is needed along with the completed forms. I have also included an additional check for \$ 8.75 for a Certificate of Status.

We appreciate your consideration in this matter.

Sincerely,

Michael R. Visnich

National "Home-Test" Diagnostics Distributor

30 East Cypress Street • Winter Garden, Florida 34787 • Tel: 407.656.0396 • Fax 407.656.0397 • Toll Free 800.298.4515
Email: qas@hometestmed.com • Website: <http://www.hometestmed.com>