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	ASSURED SERVI			(-)							
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Principal Place	of Business		Mailing Addr	955							
354 FRANKLIN	str eet Rings FL 32701		1354 FRANKLI ALTAMONTE S		32701						
			REINWOITE (Ļ	DO NOT WRI 3. Date Incorporated or Qualified	TE IN THIS	SPACE	
								04/02/1997]
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Suite, Apt.			Suite. Ap				-	5. Certificate of Status Desired	X	\$8.75 Addit Fee Require	ional
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	87 25 U	<u>sa</u>	Zip 29 347		30	<u>ÚSA</u>		Personal Property Tax due Jur	ne 30.	Yes No	
VISN	9. Name and Addres ICH, MICHAEL R	ss of Current Re	egistered Age	nt		81 Name		10. Name and Address of New F		Agent	
1354	FRANKLIN STREET				·	82 Street Ad	dress	SNICH MICHA s (P.O. Box Number is Not Accepte	<u>ZL K</u> ible)		
ALTA	MONTE SPRINGS FL	. 32701								<u></u>	
	-					83 20	F	CYPRESS ST			
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	to the provisions of secti	ons 607.0502 an	nd 607.1508, F	orida Statu	tes, the abo	84 City WI	NT	EL GARDEN	FL urpose of ch	3478	7
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Quality Assured Services, Inc.

July 2, 1998

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

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,

Wichalkte

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 • 515 Email: gas@hometestmed.com • Website: http://www.hometestmed.com