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

**CORPORATION ANNUAL REPORT** 

1998

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F97000005778 (2) DOCUMENT #

1. Corporation Name

HOME QUALITY MANAGEMENT AT LOWRY PLACE, INC.

Principal Place of Business Mading Address 2401 PGA BLVD., STE, 155 2401 PGA BLVD., STE. 155 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/31/1997 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For APPLIED FOR 59-347 5302 21 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 Trust Fund Contribution Added to Fees 28 Zip Country Ζıp Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes 29 30 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY 1201 NAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301-2525 83 84 City Zip 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 (NOTI Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE 1.1 TITLE TITLE NAMĘ FAGO, ELIZABETH M 1.2 NAME 2401 PGA BLVD., STE. 155 1.3 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY-ST-ZIP 1.4 CITY - \$1 - 2IP Addition DELETE Change TITLE 2.1 TITLE WALCZAK, PAUL NAME 22 NAME 2401 PGA BLVD., STE. 155 STREET ADDRESS 2.3 STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition TITLE 3.1 TITLE STEWART, JEANINE NAME 3.2 NAME 2401 PGA BLVD., STE. 155 STREET ADDRESS 3.3 STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS

14. I hereby certify that the information surplied 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 armual report or sulph mental armual 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 in the receiver or trustee impowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in officer or director of the corporation Block 12 or Block 13 if changed, or in attachment with ar

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

5.2 NAME

DELETE

DELETE

2/11/08

\*\*\*150.00

-04/22/98--01019--011

Addition

Addition

**FILED** 

Apr 22 1998 8:00am

Secretary of State