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

**PROFIT CORPORATION** ANNUAL REPORT

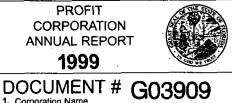
1999

1. Corporation Name

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90066 043 \*\*\*150.00

QUALITE	CH, INC.							
						<u> </u>		
	<u> </u>					<u>.                                    </u>		
Principal Place	of Business	Mailing Address						
495 CABOSE P MULBERRY FL US	PO BOX 948 MULBERRY FL 33860-0948 US			DO NOT WRITE IN THIS SPACE			ı	
		•			3. Date Incorporated or Qualifed			
					10/11/1982			ı
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	plied For	
21		26			59-2223017	\$8.75 A	t Applicable	l
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Re		ì
City & State	0	City & State		يعبدن والد		\$5:00-	мау ве 💳	٠ -
23		28			Trust Fund Contribution	Added to	o Fees	1
Zip	Country 25	Zip 3	Countr	У	This corporation owes the current year     Personal Property Tax.		□No	
24	9. Name and Address of Current			<del></del>	10. Name and Address of New Registere	d Agent		ĺ
		<u></u>	8	1 Name				ĺ
	TY, EARL M		8:	2 Street Add	ress (P.O. Box Number is Not Acceptable)			
	CINDY LYNN PLACE							1
	. BOX 151		8	3	<del></del>			l
LITH	IA FL 33547	•	8	4 City		85 Zip C	Code	
}			\	1	<u> </u>			
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was aut	horized b	v the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its pointment as reg	registered gistered	
SIGNATURE								1
	Signature, typed or printed name of registered agent			ent signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DC IN 12	1 6
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition	3
TITLE	•		1.1 TITLE	Į.		onango		
NAME	10.011, 24.6.11		1.2 NAME					8
STREET ADDRESS	495 CABOOSE PLACE		13 STREET ADDRESS					5
CITY-ST-ZIP			1.4 CITY-			Change	Addition	8
TITLE !	01		2.1 TETLE					
NAME	i profit, mojeri		2.2 NAME		•			ĺ
STREET ADDRESS	COOO THE THE ENTE E			ET ADDRESS				
CITY-ST-ZIP			2.4 C/TY 3.1 TITLE			☐ Change	Addition	
TITLE			3.2 NAME		تسيينها فالمداء فيدانيا والدوال الراال	د. ۶ جسپود، من		-
NAME	HASTY, DARLENE J	•	1	ETADORESS				
STREET ADDRESS	5124 MEDULLA RD		ı	ŧ				
CITY-ST-ZIP			3.4. CITY 4.1 TITLE			☐ Change	Addition	ĺ
TITLE							_	
NAME			4.2 NAM					
STREET ADDRESS				ET ADDRESS	•			
CITY-ST-ZIP			4.4 CITY-			☐ Change	Addition	{
TITLE			5.3 HILE	ľ				Ì
NAME	·	•	•	ET ADDRESS				1
STREET ADDRESS			5.4 CITY-					
CITY-ST-ZIP		□ DELETE	6.1 TITLE		akt the same of th	Change	Addition	ĺ
TITLE			• · · · · · · · ·	í				1

14. I 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP