

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Jun 30, 1999 8:00 am Secretary of State

06-30-1999 90004 009 ***150.00

DOCUI	MENT# 🔄 75	271						
1. Comperation	QUALITY	CRAFT UPH., IN C	DRU	INI STEP!	l/			
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191					./			
HOLLY HILL, FL 32117								1
Principal Place	e of Business	Mailing Address	r_ Ω	10	* 5 586423 - 90017 - 4	1 .		
1110	State AVE	1118 STAT		10				
1118 State ave 1118 State Ave 1118 State Ave Holly Hill, FL 32117 Holly Hi				1 32117	DO NOT WRITE IN THIS SPACE			,
HOLL	4 AIII, 1 - 34".	, , ,	,		3. Date incorporated or Qualifed			
`	٠				/ <i>A-30-83</i>			/ /
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	<u> </u>	plied For	ı l	
21		26			59-2003811	\$8.75 A	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Re		,	
22		City & State		6. Election Campaign Financing	\$5.00			
City & State		28			Added to			
Zip Country		Zip Country		8. This corporation owes the current year Intangible			, 1	
24 25 29		¬ '		Personal Property Tax. Yes No			l	
	O Name and Address of Commet E	Penintered Agent			10. Name and Address of New Registered	Agent		1
2 1/- 1/e/e// N). 81 Name					•			İ
BYOOKS, ACTEN 1 292 82 Street Address					ss (P.O. Box Number is Not Acceptable)			l
Brooks, Helen IVI. 1000 WAIKer, Lut 292 Holly Hill, FL 32117 B4 City					·			l
411. 411 FL 32117								l
ADITY ATT, 1 -			84	84 City 85 Zip Code			ode	
					FL	etanaina ita	ra nintarna	I
office or r	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation	Fionda Such Chanda Was Buil	nkanzeu da	UNG CONDOCIADOR	ration submits this statement for the purpose of 's board of directors. I hereby accept the appoint	ntment as reg	istered	ĺ
_	in tarring with a decept the congestion		•				_	
SIGNATURE	Signature, typed or printed name of registered agent a			t signature required v		D DIDECTOR	20 10 42	8
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	☐ Change	Addition	CR2E034 (11/98)
TITLE	Helen Brooks, Pres. Quelitycraft-Uph.,inc. 1118 State Ave. 11019 Hill, FL 32017		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					4
NAME								္မ
STREET ADDRESS							ĺ	, S
CITY-ST-ZIP	l_ / ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	DELETE	21 TITLE	1-21	· -	Change	Addition	Ö
TITLE .	PRINKS, Helgh	~	2.2 NAME					:
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STREET ADDRESS						_		l
CITY-ST-ZIP	1000	☐ DELETE	3.1 TITLE			Change	☐ Addition	İ
NAME			32 NAME				J	;
STREET ADDRESS		ا دمنا مید	3.3 STREET	ADDRESS			ł	
CITY-ST-ZIP			3.4. CITY-S	T-ZIP		- <u></u>		1.
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition	
NAME			4.2NAME				}	
STREET ADDRESS			4.3 STREET ADDRESS					1
CITY-ST-ZIP			4.4 CITY-ST-ZIP			Channa	Addition	i
TITLE		C) DELETE	5.1 TITLE			☐ Change		i
NAME	}		5.2 NAME	ADDRESS				i
STREET ADDRESS		5.3 STREET AL					ſ	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	□ DELETE	5.4 CITY-ST-ZIP B.1 TITLE			Change	Addition	
TILE		- Decere	62 NAME			_ •		
NAME			6.3 STREET	ADDRESS			ł	
STREET ADDRESS			6.4 CTTY-ST				Į	
CITY-ST-ZIP								

14. 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 inflachment with an address, with all other like empowered.

oke President