

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

FILED
Jul 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **H85367**
 1. Corporation Name:
QUALITY APPLIANCE SERVICE OF PINELLAS INC.

Principal Place of Business: **1155 NE CLEVELAND ST CLEARWATER FL 33755 US**
 Mailing Address: **1155 NE CLEVELAND ST CLEARWATER FL 33755 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/5/85**

4. FEI Number: **59-2600106** 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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent
SYMANSKI + McNAUGHT
1301 SEMINOLE BLVD #115
LARGO, FL 33770

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 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 _____ (NOTE: This space for Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALONSO PETER	
STREET ADDRESS	9316 120th AVE. N.	
CITY- ST- ZIP	LARGO FL 34643	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

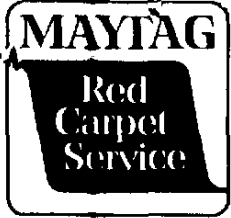
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

000002604920
 -08/03/98-01004-002
 ***150.00

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 registered agent or authorized 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 to this filing.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)



(2)

**AUTHORIZED
FACTORY SERVICE
QUALITY APPLIANCE SERVICE Inc.**

1155 N.E. Cleveland Street
Clearwater, Florida 34615
Pinellas (813) 445-9344 Hillsborough (813) 223-3396

June 15, 1998

Annual Report Filing Division of Corporation
Post Office Box 6327
Tallahassee, FL 32314

To whom it may concern:

We have not received the 1998 Profit Corporation Annual Report. Please verify our new address listed above. Enclosed is a check for 150.00 dollars for our annual fee this year. Please send us the 1998 annual report.

Sincerely,

A handwritten signature in cursive script, appearing to read "E. Peter Alonso".

E. Peter Alonso, President

Loose Check

⊠ H85367

epa/sjg