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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 01, 1999 8:00am **Secretary of State**

02-01-1999 90005 001 \*\*\*150.00

## DOCUMENT # **H97698**

1. Corporation Name

QUAIL	RIDGE DIVERSIFIED, INC.	•				
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	•					
Principal Pla	ice of Business	Mailing Address			ELOUY ONEN OVERY DIEN BIEN BIEN FERN	
% JOHN R. G	SOELZ .	% JOHN R. GOELZ				
3583 QUAIL RIDGE 3583 QUAIL RIDGE			•	`• ·		
BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436			6	DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed		
2 Principal I	Place of Business	2- Mailian Address	•	02/03/1986		
_	· · · · · · · · · · · · · · · · · · ·	2a. Mailing Address	,	4. FEI Number	Applied For	
Suite, Api	t # etc	Suite, Apt. #, etc.	****	36-3438757	Not Applicable	
22		27		5. Certifcate of Status Desired	\$8.75 Additional	
City & Sta	ate	City & State			Fee Required	
23	,	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip	Country	Zip	Country		Added to Fees	
24	25	F	30	8. This corporation owes the current year		
	9. Name and Address of Curre			10. Name and Address of New Registe	red Agent	
	4.3	<b>(2</b> )	81 Name			
	ELZ, JOHN R.		20 0: 141			
	3 QUAIL RIDGE		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
BO	YNTON BEACH FL 33436		83		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
					31、100000000000000000000000000000000000	
			84 City		85 Zip Code	
11. Pursuant	t to the provisions of Sections 607.05	502 and 607.1508, Florida Statute	s, the above-named cor	poration submits this statement for the purposition's board of directors. I hereby accept the ap	e of changing its registered	
office or	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was au	thorized by the corporat	tion's board of directors. I hereby accept the ar	pointment as registered	
		rations of `Section 607 0505. Flori	ida Statutes		,	
		pations of, Section 607.0505, Flori	ida Statutes.			
SIGNATURE		galions of, Section 607.0505, Flori	ida Statutes. Registered Agent signature requi			
SIGNATURE	Signature, typed or printed name of registered ag	pent and title if applicable. (NOTE:	ida Sialules.			
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A	ent and title if applicable. (NOTE:	Registered Agent signature requi	red when reinstating) DATE		
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A P GOELZ, JOHN R.	pent and title if applicable. (NOTE:	Registered Agent signature requir	red when reinstating) DATE	AND DIRECTORS IN 12	
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered ag OFFICERS A P GOELZ, JOHN R. 3583 QUAIL RIDGE DR.	pent and title if applicable. (NOTE:	Registered Agent signature required 13.	red when reinstating)	AND DIRECTORS IN 12	
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I nereby 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.

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