FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J66504** **(8)**

1. Corporation Name

QUALITY PLANT SERVICES, INC.

Principal Place of Business	Mailing Address
2715 SOUTH STREET ~~P.O. BOX 17634~~ ~~WEST PALM BEACH FL 33407~~ US	1792 BREEZY LANE ~~P.O. BOX 17634~~ WEST PALM BEACH FL 33417 US

3. Date Incorporated or Qualified: **04/06/1987**

3a. Date of Last Report: **08/10/1995**

2. Principal Place of Business	2a. Mailing Address
21 2715 South Street	26 1792 Breezy Lane
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: West Palm Bch, FLA	28 City & State: West Palm Bch, FLA
24 Zip: 33407 25 County: Palm Bch	29 Zip: 33417 30 County: P Bch

4. FEI Number: **59-2722952** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

STOSSELL, IRISH ANN
1792 BREEZY LANE
W. PALM BEACH FL 33417

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: Irish N. Stossel Irish A. STOSSEL DVP PS 7-29-96
Signature, Typed or Printed Name of Individual with Authority to Sign Above — Florida Registered Agent's Signature Required, When Applicable — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STOSSEL, IRISH A.		1.2 NAME		
STREET ADDRESS	1792 BREEZY LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP		
TITLE	PS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STOSSEL, IRISH		2.2 NAME		
STREET ADDRESS	1792 BREEZY LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Irish N. Stossel 7-29-96 561-478-7343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER
Irish A. STOSSEL PS DVP

CR2E034 (12/95)