SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE; \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Aug 01 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

AP QU	ALITY PRODUCE, IN	C. Mailing Address		APPENDENCE OF THE CASE OF THE SECOND		
% ANGIE P. PARDO 2813 WILSON CIRCLE LUTZ FL 33549			% ANGIE P. PARDO 2813 WILSON CIRCLE		DO NOT WRIT	'E IN THIS SPACE
1012 11 333	77	LU12 FL 33349			3. Date Incorporated or Qualified	· · · · · · · · · · · · · · · · · · ·
					06/14/1989	05/01/1996
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FE Number	Applied For
21		26	26		59-2959284	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			5. Commeate of Status Desired	Fee Required
City & State		City & State	— ₁		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	 	Country Zip Co		try	8. This corporation owes or has p	
24	25 Name and Address of	29 29 Current Registered Agent	30		Personal Property Tax due Jun 10. Name and Address of New R	
		or Current Registered Agent		1 Name	10. Name and Address of New h	egistered Agent
PARIJO, ANGIE F.						
	13 WILSON CIR. TZ FL 33549		16	Street Add	dress (P.O. Box Number is Not Accepta	able)
LU	12 FL 33348		1	3		
			8	City		FL 85 Zip Code
11. Pursuant office or ragent La	to the provisions of Sections egistered agent, or both, in m familiar with, and accept to	607.0502 and 607.1508, Florida St the State of Florida. Such change w the obligations of, Section 607.0505	atutes, the abo as authorized , Florida Stalu		poration submits this statement for the ation's board of directors. I hereby according	
SIGNATURE						
Signature, typod or printed name of registered agent and little if applicable (No				gent signature requ	red when reinstating)	DATE
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF	
TITLE	DP Pardo, angle p.	☐ DELETE	1.1 TITL			Change Addition
NAME DADEET LODGEGG	2813 WILSON CIR.		1.2 NAM			
STREET ADDRESS		11(77 P)		ET ADDRESS		
CITY-ST-ZIP TITLE	LOILIL	DELETE	2.1 TiTL	-ST-ZIP		Change Addition
NAME		L. DELLIE	2 2 NAM			C olimide
STREET ADDRESS				ET ADDRESS		
CHY-ST-ZIP				'-ST-ZIP		
TITLE			3.1 TILL			Change Addition
NAME			3 2 NAM			
STREET ADDRESS				ET ADDRESS		
DITY-ST-ZIP			1	'- ST- ZIP		
TATLE			4.1 TITL		A. A. S.	Change Addition
NAME			4. 2 NAA	16		
STREET ADDRESS	ss		4.3 STRE	ET ADDRESS		ļ
CITY-ST-ZIP			4.4 CITY	- \$1 - ZIP		
TITLE	☐ DELETE		5.1 TITL			Change Addition
NAME			5.2 NAM	E		
STREET ADDRESS			5.3 STRE	ET ADDRESS		ļ
CITY-ST-ZIP				- \$1 - ZIF		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			G.2 NAM	F		
STREET ADDRESS			6.3 STRE	ET ADDRESS		
CITY-ST-ZIP			6.4 CITY	- ST - ZIF		
informatio	in indicated on this annual re	aport or supplemental annual report	is true and ac	curate and tha	d in Section 119.07(3)(i), Florida Statut It my signature shall have the same log	al effect as if made under oath: that l
1 am an of	fficer or director of the corpo	oration or the receiver or trustee em anged, or on an attechment with an	powered to ex-	ocule this repo	ort as required by Chapter 607, Florida	Statutes; and that my name