PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L09176 1. Corporation Name

QUALITY PRODUCTS, INC.

Principal Place of Business

Mailing Address

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90034 045 ***150.00



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6716 NW 72ND AVE			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed						
					08/11/1989				
Principal Place of Business Za. Mailing Address				4. FEI Number		Applied For			
21 26					65-0136621		Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, e 27		Suite, Apt. #, etc.	#, etc.		5. Certifcate of Status Desired	•	\$8.75 Additional Fee Required		
City & State City & State 23 28				6. Election Campaign Financing Trust Fund Contribution		May Be d to Fees			
Zip	Country	Zip Country		,	This corporation owes the current year In Personal Property Tax.		angible ☑Yes ☐No		
24 25 29 30 9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	1 Agent			
	Maine and Addies of Callen		81	Name					
SREDNI, P. A. L						·			
21332 W DIXIE HWY		82	Street Add	dress (P.O. Box Number is Not Acceptable)		ļ			
	TH MIAMI BEACH FL 33180		83	}					
	·		84		F	L	p 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	Signature, typed or printed name of registered agen-	and title if applicable. (NOTE: R	egistered Age	nt signature requi	ired when reinstating) DATE				
12.	OFFICERS AN	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A				
TITLE	DP	☐ DELETE	1.1 TITLE			Chang	e Addition		
NAME	ALALU, SAL		1.2 NAME		·				
STREET ADDRESS	6716 NW 72ND AVE		1.3 STREE	T ADDRESS					
CITY-ST-ZIP	MIAMI FL 33166		1.4 CITY- S	T- ZIP					
TITLE	DVP	☐ DELETE	2.1 TITLE			☐ Chang	e Addition		
NAME	ALALU, MOISES		2.2 NAME				į		
STREET ADDRESS	6716 NW 72ND AVE		2.3 STREE	TADDRESS	•		1		
CITY-ST-ZIP	MIAMI FL 33166		2. 4 CITY-	ST-ZiP			Ì		
TITLE		☐ DELETE	3.1 TITLE			☐ Chang	e Addition		
NAME			3.2 NAME						
STREET ADDRESS			•	TADDRESS			\		
CITY-ST-ZIP	×		3.4. CITY-1						
TITLE		☐ DELETE	4.1 TITLE			Chang	e Addition		
NAME			4. 2 NAME						
STREET ADDRESS				TADDRESS			1		
CITY-ST-ZIP			4.4 CITY-S	i					
TITLE		DELETE	5.1 TITLE			Chang	e Addition		
NAME .			5.2 NAME		•				
STREET ADDRESS	•		5.3 STREE	TADDRESS					
CITY-ST-ZIP	<u> </u>		5.4 CITY- S	T-ZIP	•		}		
TITLE		☐ DELETE	6.1 TITLE	<u> </u>		Chang	e		
NAME			6.2 NAME			<u> </u>	Ì		
, ,		10		TADDRESS	•		\		
STREET ADDRESS	() //	///	6.4 CITY-S						
ÇITY-ŞT-ZIP	· · · · · · · · · · · · · · · · · · ·								

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 of 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 or an attachment with an adjusted with all other like empowered.

SIGNATURE: