SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

FILED AMOUNT DUE ON OR BEFORE 9/17/07: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) Sep 09 1997 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State Sandra B. Mortham ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1997 DOCUMENT # (4)QUALITY LIFE BUILDERS. INC. Principal Place of Business Mailing Address 7401 PARK SPRINGS CIRCLE 7401 PARK SPRINGS CIRCLE ORLANDO FL 32835 ORLANDO FL 32835 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 11/21/1989 05/10/1996 2. Principal Place of Business Mailing Address Applied For 21 26 59-2996307 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired П Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ENGLETT, PHILIP 7401 PARK SPRINGS CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32835 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, 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, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 11 TITLE **ENGLETT, PHILIP** NAME 1.2 NAME 7401 PARK SPRINGS CIRCLE STREET ADDRESS 1.3 STREET ADDRESS **ORLANDO FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TrILE ENGLETT, FALECHA J. NAME 2.2 NAME 7401 PARK SPRINGS CIRCLE STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE

SIGNATI

6.3 STREET ADDRESS

6.4 City-St-ZiP 14. I do hereby certify that the information supplied with the filing opes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included on this annual report or sup) report or sup) report or sup) report or sup) report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director on the deputation or independent or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

NAME STREET ADDRESS

CITY-ST-ZIP