FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **L48304** **(4)**

1. Corporation Name
FIRST QUALITY MANAGEMENT, INC.

Principal Place of Business
701 N. DIXIE HWY
POMPANO BEACH FL 33060

Mailing Address
701 N. DIXIE HWY
PORT ST LUCIE FL 34984
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 9817 MAJORCA Pl
22 BOCA RATON
23 Florida
24 33434 25 Palm Bch

2a. Mailing Address
26 ~~Same~~ SAME
Street, Apt. #, etc.
27
City & State
28
Zip Country
29 30

3. Date Incorporated or Qualified: **02/07/1990**
3a. Date of Last Report: **03/04/1994**

4. FEI Number: **65-0183854** [ ] 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

FISHBEIN, JAY
9817 MAJORCA PL
BOCA RATON FL 33434

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 of New Registered Agent, if changed — Date

12. OFFICERS AND DIRECTORS

T
FISHBEIN, JAY
9817 MAJORCA PL
BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP
[ ] Change [ ] Addition

2 TITLE
2 NAME
2 STREET ADDRESS
2 CITY-ST-ZIP
[ ] Change [ ] Addition

3 TITLE
3 NAME
3 STREET ADDRESS
3 CITY-ST-ZIP
[ ] Change [ ] Addition

4 TITLE
4 NAME
4 STREET ADDRESS
4 CITY-ST-ZIP
[ ] Change [ ] Addition

5 TITLE
5 NAME
5 STREET ADDRESS
5 CITY-ST-ZIP
[ ] Change [ ] Addition

6 TITLE
6 NAME
6 STREET ADDRESS
6 CITY-ST-ZIP
[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this report is true. Filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the corporation named herein has been notified of this annual report or supplemental annual report requirement 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 with changes, if any, for the report with an address.

SIGNATURE: Jay Fishbein — JAY FISHBEIN — 2/13/96 — 407-483-9944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone