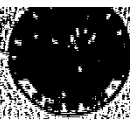


**CORPORATION**  
**ANNUAL REPORT**  
**1995**



FLORIDA DEPARTMENT OF STATE  
Candice B. McQueen  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

95 MAY -1 PM 2:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

**DOCUMENT # L54313 (6)**  
1. Corporation Name  
**D & F QUALITY SERVICES, INC.**

Principal Place of Business	Mailing Address
2600 E. COLONIAL DR. C ORLANDO FL 32807 US	1853 ECLIPSE PL 1853 ECLIPSE PL CHULUOTA FL 32766 US

3. Date Incorporated or Qualified <b>03/01/1990</b>	3a. Date of Last Report <b>04/29/1994</b>
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2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

4. FEI Number <b>59-2988486</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**EICHHORN, DIANE**  
**1853 ECLIPSE PL**  
**CHULUOTA FL 32766**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>EICHHORN, DIANE</b>
STREET ADDRESS	<b>1853 ECLIPSE PL</b>
CITY - ST - ZIP	<b>CHULUOTA FL</b>
TITLE	<b>VST</b>
NAME	<b>EICHHORN, FREDERICK, III</b>
STREET ADDRESS	<b>1853 ECLIPSE PL</b>
CITY - ST - ZIP	<b>CHULUOTA FL</b>
TITLE	<b>D</b>
NAME	<b>EICHHORN, FREDERICK, III</b>
STREET ADDRESS	<b>1853 ECLIPSE PL</b>
CITY - ST - ZIP	<b>CHULUOTA FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>ST EICHHORN, FREDERICK, III</b>
2.3 STREET ADDRESS	<b>SAME</b>
2.4 CITY - ST - ZIP	<b>SAME</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>EICHHORN, FREDERICK, III</b>
4.3 STREET ADDRESS	<b>1853 ECLIPSE PL</b>
4.4 CITY - ST - ZIP	<b>CHULUOTA, FL 32766</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(A), 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: Diane Eichhorn **DIANE EICHHORN** April 18, 1995 - 407-380-0726  
(Type Name and Typed or Printed Name of Signing Officer or Director) (Date) (Daytime Phone #)