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May 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

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



Principal Place of Business: **2600 E. COLONIAL DR. ORLANDO FL 32807 US**  
Mailing Address: **1853 ECLIPSE PL CHULUOTA FL 32766-9134 US**

3. Date Incorporated or Qualified: **03/01/1990**  
3a. Date of Last Report: **04/02/1996**

2. Principal Place of Business: **6200 E. Colonial DR. SUITE A ORLANDO FL 32807**  
2a. Mailing Address: **6200 E. Colonial DR. SUITE A ORLANDO FL 32807**  
4. FEI Number: **59-2988486**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  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: **EICHORN, DIANE 6200 E. COLONIAL DR ORLANDO FL 32807**

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: *Diane Eichhorn* DATE: **3/31/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	EICHHORN, DIANE	1.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	1853 ECLIPSE PL	1.2 NAME:	
CITY - ST - ZIP:	CHULUOTA FL	1.3 STREET ADDRESS:	6200 E. COLONIAL DR.
TITLE:	STD	1.4 CITY - ST - ZIP:	ORLANDO, FL 32807
NAME:	EICHHORN, FREDERICK, III	2.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	1853 ECLIPSE PL	2.2 NAME:	
CITY - ST - ZIP:	CHULUOTA FL	2.3 STREET ADDRESS:	6200 E. COLONIAL DR.
TITLE:	V	2.4 CITY - ST - ZIP:	ORLANDO, FL 32807
NAME:	EICHHORN, FREDERICK I	3.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	1853 ECLIPSE PL	3.2 NAME:	
CITY - ST - ZIP:	CHULUOTA FL	3.3 STREET ADDRESS:	6200 E. COLONIAL DR.
TITLE:		3.4 CITY - ST - ZIP:	ORLANDO, FL 32807
NAME:		4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		4.2 NAME:	
CITY - ST - ZIP:		4.3 STREET ADDRESS:	
TITLE:		4.4 CITY - ST - ZIP:	
NAME:		5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		5.2 NAME:	
CITY - ST - ZIP:		5.3 STREET ADDRESS:	
TITLE:		5.4 CITY - ST - ZIP:	
NAME:		6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		6.2 NAME:	
CITY - ST - ZIP:		6.3 STREET ADDRESS:	
		6.4 CITY - ST - ZIP:	

14. I do 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 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* DATE: **3/31/97** DAYTIME PHONE: **407-380-0226**

CR2E034 (9/96)