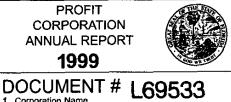
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90014 049 \*\*\*150.00

QUALITY	COMPUTER SERVICES, IN	<b>U.</b>							
Principal Place	e of Business	Mailing Address				- 1100113110105111111010111	AA tist alati alait a	FB11 W1811 1	31811 B1811 1881
3802 EHRLICH	RD	P Q BOX 274084				l			
SUITE 209	,	13902 N DALE MABRY 270			DO NOT WRIT	E IN THIS SPA	ACF		
TAMPA FL 33624 TAMPA FL 33688-			<b>64</b>			3. Date Incorporated or Qualifed			
US		00				04/30/1990			Ţ
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number Applied For			pplied For	
21	igoo or business	26	¬			59-3005537		N/	ot Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.					\$8.75_Additional		
22		27			5. Certificate of Status Desired		Fee R	equired	
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28			Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip	Coun	try		8. This corporation owes the curre			
24	25	29 3	0			Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent			••	10. Name and Address of New R	egistered Age	<u>nt</u>	
000	IN JEEEDEV E		ľ	81   1	Name				ì
	IN, JEFFREY E		18	32 3	Street Addre	ss (P.O. Box Number is Not Accepta	ble)		
	HAWKS NEST DR		Ĺ						
	* #5305	•		83		•			}
LUIZ	Z FL 33549		1	84 (	City		. 8	5 Zip	Code
				l	•		<u>  FL  </u> °		
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State om familiar with, and accept the obligati	ons of, Section 607.0505, Floric	honzed I la Statut	by thi	e corporation	n's board of directors. I hereby accep	ств арропши	ent as re	gistered
	Signature, typed or printed name of registered agent	, , , , ,	Ť	gent si	ignature required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE	IBECTO	7PS IN 12
12.	OFFICERS AND	D DIRECTORS  DELETE	13.			ADDITIONS/CHANGES TO OFF		Change	Addition
TITLE	PS DADIN ISSEDEVE								
NAME	RABIN, JEFFREY E.		1.2 NAV		u :	316 Hawks Ness Dr	N.		
STREET ADDRESS	4316 HAWSK NEST DRIVE				1				
CITY-ST-ZIP	LUTZ FL	□ DELETE	1,4 CITY 2,1 TITL					Change	Addition
TITLE	VT	☐ DELETE	1	_			<b>4</b> 2		
NAME	MANN, SCOTT D.		2.2 NAM		25	03 Carlsplate Ct.			
_STREET ADDRESS	703 CARLSPULTA	المدراء لوطئه الوجه فللتستيين تشييد	1		į.				~ }
CITY-ST-ZIP	LUTZ FL	□ DELETE	2. 4 CIT 3.1 TITL		ZIP			Change	Addition
TITLE							<b>L.</b> .	,	_
NAME			3.2 NAM		DDDEEDE				Ì
STREET ADDRESS					DDRESS				
CITY-ST-ZIP		□ DELETE	3.4. CIT 4.1 TITL		ZIP			Change	Addition
TITLE					ļ		L.		
NAME			4. 2 NA		DDD5506				
STREET ADDRESS					DDRESS				ŀ
CITY-ST-ZIP		☐ DELETE	4.4 CITY		UP I			Change	☐ Addition
TITLE			5.1 TITL 5.2 NAM				_		
NAME			1		DDRESS				}
STREET ADDRESS									
CITY-ST-ZIP	Bit of Control	Dotiere	5.4 CIT 6.1 TITL		<u> </u>			] Change	
NAME	첫 3420년  원장관,	☐ DELETE	6.2 NAM				<u>`</u>	, January C	
NAME	The Control of		1		DDDESS				ĺ
STREET ADDRESS	The state of the s		0.3511	CE) A	DORESS				ì

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 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, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

si<del>chature</del>, ruguired TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR