

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

pg. 1 of 2

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE |
| | | Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |

97 SEP -8 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M29567** (8)
1. Corporation Name
QUALITI REMODELERS & BUILDERS INC.



| | |
|--|--|
| Principal Place of Business 801 SOUTH FEDERAL HIGHWAY SUITE PH-15 POMPAHO BEACH FL 33062 | Mailing Address 801 SOUTH FEDERAL HIGHWAY SUITE PH-15 POMPAHO BEACH FL 33062 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|------------------|-------------------------|------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 03/26/1986 | 3a. Date of Last Report 05/01/1996 |
| 21. Suite, Apt. #, etc. | 22. City & State | 26. Suite, Apt. #, etc. | 27. City & State | 4. FEI Number 59-2665442 | Applied For Not Applicable |
| 23. Zip | 25. Country | 29. Zip | 30. Country | 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

| | | | |
|--|--|--|--|
| 9. Name and Address of Current Registered Agent FINNEY, WAYNE 801 SOUTH FEDERAL HIGHWAY SUITE PH-15 POMPAHO BEACH FL 33062 | | 10. Name and Address of New Registered Agent | |
| 81. Name | | 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. | | 84. City | |
| | | 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 *Wayne Finney* **WAYNE FINNEY** Pres.
(NOTE: Registered Agent signature required when reinstating)

| | | | |
|----------------------------|--|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | P FINNEY, WAYNE | 1.2 NAME | |
| STREET ADDRESS | 801 SOUTH FEDERAL HIGHWAY SUITE PH-15 | 1.3 STREET ADDRESS | 300002289613--5 |
| CITY-ST-ZIP | POMPAHO BEACH FL 33062 | 1.4 CITY-ST-ZIP | -09/10/97--01091--004 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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.

CR2E034 (4/97)

A. Alan
9/8/97

To whom it concerns.

The reason I didn't get my first notes
for the Copartners was due to me being
in the Hospital with a heart attack.

Thank you
Wayne J. Junes