**FILED** 

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90222 040 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M30464

1. Corporation Name

QUALITY CLOSINGS. AN ESCROW & TITLE COMPANY

Principal Place	e of Business	Mailing Address		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
C/O ALEXANDE		C/O ALEXANDER L. DOMB				
701 PROMENADE DR #200 PEMBROKE PINES FL 33026		701 PROMENADE DR #200 PEMBROKE PINES FL 33026		DO NOT WRIT	TE IN THIS SPACE	
PEMBROKE PIN	IES FL 33026	PEMBRUKE PINES FL 33020		3. Date Incorporated or Qualifed	12 11 (7110 01 (102	
				04/15/1986		ļ
2 Dringing P	lace of Business	2a. Mailing Address		4. FEI Number	<del></del>	Applied For
— ·	lace of Business	26		65-0127039	<del></del>	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	·		\$8.75	Additional
22	n, c.c.	27		5. Certifcate of Status Desired	Fee	Required
City & Stat	te	City & State	·	6.~ Election Campaign Financing	<b>\$5.0</b>	0 May Be
23		28		Trust Fund Contribution	1 1	d to Fees
Zip	Country	Zip	Country	8. This corporation owes the curre	ent year Intangible	
24	25	29	30	Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New R	Registered Agent	
			81 Name	•		
	IB, ALEXANDER L.		82 Street Add	ress (P.O. Box Number is Not Accepta	able)	
	PROMENADE DR #200					
PEMI	Broke Pines FL 33026		83			ļ
			84 City		- 85 Zi	p Code
ie a milionide in 1986	The Transit of Control of the Contro	an sain of the same of the	5. 5. 5. 15. 15. 15. 15. 15. 15. 15. 15.	可以他们的现在分词 "这个人不是一个人	かみ 長上 宝 縦	~ (1) 1 기가
		A 1/2007:4500 (F) 1 1 01 1 1	0 127 ( 3.5 (2.5 (2.5 (2.5 (2.5 (2.5 (2.5 (2.5 (2	"مُعَالِم سِمِنْ فِي مِنْ مِنْ مِنْ مِنْ مِنْ مِنْ اللَّهِ " وَإِنْ اللَّهِ اللَّهِ عَلَيْهِ اللَّهِ اللَّهِ ا		its registered {
11. Pursuant office or r agent l'a	registered agent, or both, in the State im familiar with, and accept the obligation	of Florida: Such change was automored Statutes of Florida: Such change was automs of, Section 607.0505, Florida Statutes	s, the above named corporation of the corporation o	poration submits this statement for the on's board of directors. I hereby accept	ot the appointment as	registered
office or r agent 1 a	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida: Such change was au ations of, Section 607.0505, Florid	da Statutes.	on's board of directors. Thereby acceptions	t tile appointment as	registered
office of r agent 1 a SIGNATURE	registered agent, or both, in the State im familiar with, and accept the obligation of the obligation	of Florida: Such change was au itions of, Section 607.0505, Flori ant and title if applicable. (NOTE: I	da Statutes.	ad when reinstating)	OATE	** **
office or r agent. I a SIGNATURE	registered agent, or both, in the State im familiar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AN	of Florida: Such change was au stions of, Section 607.0505, Floridant and title if applicable. (NOTE: I ND DIRECTORS	Registered Agent signature require	on's board of directors. Thereby acceptions	DATE FICERS AND DIREC	FORS IN 12
office or ragent. Ta	registered agent, or both, in the State im familiar with, and accept the obligation of signature, typed or printed name of registered age OFFICERS AN	of Florida: Such change was au itions of, Section 607.0505, Flori ant and title if applicable. (NOTE: I	Registered Agent signature require  13.	ad when reinstating)	OATE	FORS IN 12
office or ragent. Ta SIGNATURE  12. TITLE NAME	registered agent, or both, in the State im fâmiliar with, and accept the obligation of the obligation	of Florida: Such change was au stions of, Section 607.0505, Floridant and title if applicable. (NOTE: I ND DIRECTORS	Registered Agent signature require  13. 1.1 TITLE 1.2 NAME	ad when reinstating)	DATE FICERS AND DIREC	FORS IN 12
office or ragent. Ta	registered agent, or both, in the State im familiar with, and accept the obligation of the obligation	of Florida: Such change was au stions of, Section 607.0505, Floridant and title if applicable. (NOTE: I ND DIRECTORS	Registered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS	ad when reinstating)	DATE FICERS AND DIREC	FORS IN 12
office or ragent Ta SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State im fâmiliar with, and accept the obligation of the obligation	of Florida: Such change was au itions of, Section 607.0505, Floridations of, Sec	Registered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP	ad when reinstating)	OATE FICERS AND DIREC	FORS IN 12
office or ragent Ta SIGNATURE  12. TITLE NAME STREET ADDRESS	registered agent, or both, in the State im familiar with, and accept the obligation of the obligation	of Florida: Such change was au stions of, Section 607.0505, Floridant and title if applicable. (NOTE: I ND DIRECTORS	Registered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ad when reinstating)	DATE FICERS AND DIREC	FORS IN 12
office or ragent Ta SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State im familiar with, and accept the obligation of the obligation	of Florida: Such change was au itions of, Section 607.0505, Floridations of, Sec	rionized by the corporation do Statutes.  Registered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME	ad when reinstating)	OATE FICERS AND DIREC	FORS IN 12
office or ragent Ta agent Ta SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	of Florida: Such change was au itions of, Section 607.0505, Floridations of, Sec	Registered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ad when reinstating)	OATE FICERS AND DIREC	FORS IN 12
office or ragent Ta agent Ta SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	of Florida: Such change was au itions of, Section 607.0505, Floridations of, Section 607.0505, Floridation (NOTE: NOTE:	Registered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ad when reinstating)	OATE FICERS AND DIREC  Chang	FORS IN 12 e Addition
office or ragent Ta agent Ta SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	of Florida: Such change was au itions of, Section 607.0505, Floridations of, Sec	Registered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	ad when reinstating)	OATE FICERS AND DIREC	FORS IN 12 e Addition
office or ragent Ta agent Ta SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	of Florida: Such change was au itions of, Section 607.0505, Floridations of, Section 607.0505, Floridation (NOTE: NOTE:	rionized by the corporation do Statutes.  Registered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME	ad when reinstating)	OATE FICERS AND DIREC  Chang	FORS IN 12 e Addition
office or ragent Ta agent Ta SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	registered agent, or both, in the State am fâmillar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AN PSD DOMB, ALEXANDER L. 2905 HUNTER ROAD FORT LAUDERDALE FL	of Florida: Such change was au itions of, Section 607.0505, Floridations of, Section 607.0505, Floridation (NOTE: NOTE:	Registered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ad when reinstating)	OATE FICERS AND DIREC  Chang	FORS IN 12 e Addition
office or ragent Ta agent Ta SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	registered agent, or both, in the State am fâmillar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AN PSD DOMB, ALEXANDER L. 2905 HUNTER ROAD FORT LAUDERDALE FL	of Florida: Such change was auitions of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridation for the section for the sectio	Registered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	ad when reinstating)	OATE FICERS AND DIRECT Chang	FORS IN 12 e Addition e Addition
office or ragent IT a agent IT a SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	registered agent, or both, in the State am fâmillar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AN PSD DOMB, ALEXANDER L. 2905 HUNTER ROAD FORT LAUDERDALE FL	of Florida: Such change was au itions of, Section 607.0505, Floridations of, Section 607.0505, Floridation (NOTE: NOTE:	Registered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP  4.1 TITLE	ad when reinstating)	OATE FICERS AND DIREC  Chang	FORS IN 12 e Addition e Addition
office or ragent. I'a agent. I'a signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	registered agent, or both, in the State im fâmillar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AN PSD DOMB, ALEXANDER L. 2905 HUNTER ROAD FORT LAUDERDALE FL	of Florida: Such change was auitions of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridation for the section for the sectio	Registered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME	ad when reinstating)	OATE FICERS AND DIRECT Chang	FORS IN 12 e Addition e Addition
office or ragent. I'a agent. I'a signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE	registered agent, or both, in the State im fâmillar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AN PSD DOMB, ALEXANDER L. 2905 HUNTER ROAD FORT LAUDERDALE FL	of Florida: Such change was auitions of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridation for the section for the sectio	Registered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS	ad when reinstating)	OATE FICERS AND DIRECT Chang	FORS IN 12 e Addition e Addition
office or ragent. I'a signature  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	registered agent, or both, in the State im fâmillar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AN PSD DOMB, ALEXANDER L. 2905 HUNTER ROAD FORT LAUDERDALE FL	of Florida: Such change was auitions of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridation for the section for the sec	Registered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  4.1 STREET ADDRESS  4.4 CITY-ST-ZIP  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP	ad when reinstating)	OATE FICERS AND DIREC Chang Chang	FORS IN 12 e
office or ragent. I'a agent. I'a signature  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State im fâmillar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AN PSD DOMB, ALEXANDER L. 2905 HUNTER ROAD FORT LAUDERDALE FL	of Florida: Such change was auitions of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridation for the section for the sectio	Registered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  3.4. CITY-ST-ZIP  5.1 TITLE	ad when reinstating)	OATE FICERS AND DIRECT Chang	FORS IN 12 e
Office or ragent I agent I age	registered agent, or both, in the State im fāmillar with, and accept the obligation of the obligation	of Florida: Such change was auitions of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridation for the section for the sec	Registered Agent signature require  13.  1.1 TITLE  12 NAME  1.3 STREET ADDRESS  14 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME	ad when reinstating)	OATE FICERS AND DIREC Chang Chang	FORS IN 12 e
office or ragent. I'a agent. I'a signature  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State im fāmillar with, and accept the obligation of the obligation	of Florida: Such change was auitions of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridation for the section for the sec	Registered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  4.5 STREET ADDRESS  4.6 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS	ad when reinstating)	OATE FICERS AND DIREC Chang Chang	FORS IN 12 e
Office or ragent I agent I age	registered agent, or both, in the State im fāmillar with, and accept the obligation of the obligation	of Florida: Such change was auitions of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of, Section 607.0505, Floridation for the section for the sec	Registered Agent signature require  13.  1.1 TITLE  12 NAME  1.3 STREET ADDRESS  14 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME	ad when reinstating)	OATE FICERS AND DIREC Chang Chang	FORS IN 12 e

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 the 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 of the execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or open attachingen with an address, with air other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

54.433.1300