

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M32641** (6)  
1. Corporation Name  
**QUALITY OFFICE SERVICE, INC.**



Principal Place of Business <b>C/O DIANE M. KIRIGIN-2428 BROADWAY P.O. BOX 9936 RIVIERA BEACH FL 33419-4936</b>	Mailing Address <b>C/O DIANE M. KIRIGIN-2428 BROADWAY P.O. BOX 9936 RIVIERA BEACH FL 33419-4936</b>
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3. Date Incorporated or Qualified <b>05/27/1986</b>	3a. Date of Last Report <b>04/25/1995</b>
4. FEI Number <b>59-2677481</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>8679 Pluto Terr</b> Suite, Apt. #, etc. 22 <b>LAKE PARK FL</b> City & State 23 Zip 24 <b>33403</b> Country 25 <b>P. B.</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent <b>KIRIGIN, DIANE M. 2428 BROADWAY P.O. BOX 9936 RIVIERA BEACH FL 33404</b>	10. Name and Address of New Registered Agent 81 Name <b>ROSSO, BOSSO + PARDO</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2428 BROADWAY</b> 83 <b>P.O. Box 9936</b> 84 City <b>Riviera Beach</b> FL 85 Zip Code <b>33404</b>
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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 \_\_\_\_\_ (Signature of person providing this statement and accepting the appointment as registered agent) (Print Name of Agent) \_\_\_\_\_ (Date) \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP PIDGEON, FREIDA W. 8679 PLUTO TERRACE LAKE PARK FL</b>	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2. 1. TITLE 2. 2. NAME 3. 3. STREET ADDRESS 4. 4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3. 1. TITLE 3. 2. NAME 3. 3. STREET ADDRESS 3. 4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4. 1. TITLE 4. 2. NAME 4. 3. STREET ADDRESS 4. 4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5. 1. TITLE 5. 2. NAME 5. 3. STREET ADDRESS 5. 4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6. 1. TITLE 6. 2. NAME 6. 3. STREET ADDRESS 6. 4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(3)(k), 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: *Freida W. Pidgeon* **4/22/96** (407) 622-2821  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**FREIDA W. PIDGEON** Daytime Phone #

CR2E034 (12/95)