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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M83377

(5)

FIRST QUALITY, INC.

FILED

May 06 1997 8:00am

Secretary of State

Principal Place of Business Mailing Address							818H 818H 818H 616H		
3409 BAY TO E TAMPA FL 3362		3409 BAY TO BAY BLVD TAMPA FL 33629-7042							
US	•	US							
					3. Date Incorporated o 05/26/1988		a. Date of Last 05/01/1996	Report	
	lace of Business	2a. Mailing Address			4. FEI Number	1 the transfer of			
21 Sulto Ast	# oto	Suite Apt # etc			59-2899708	59-2899708 Not Applicable			
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status	5. Certificate of Status Desired \$8.75 Additional Fee Regulated			
City & State	e		City & State			6. Election Campaign Financing \$5.00 May Be			
23		28			' "	Trust Fund Contribution Added to Fees			
Zip Country		Zip Country		8. This corporation has	8. This corporation has liability for intangible tax under s. 199.032,				
24	25	29	30		Florida Statutes		s No		
	9, Name and Address of Current	Registered Agent		1 Name	10, Name and Address	s of New Regist	ered Agent		
	NTES, DENNIS M.			i Name					
	N. THATCHER AVE.			2 Street	et Address (P.O. Box Number is Not Acceptable)				
IAM	PA FL 33814		ε	3					
			٤	4 City			FL 85 Zip	Code	
11. Pursuant	to the provisions of Sections 607,0507	and 607.1508, Florida Statuto	es, the abo	ve-namec	corporation submits this statem	ent for the purpo	ose of changing	its registered	
agent. I a	egistered agent, or both, in the State or im familiar with, and accept the obliga	of Florida. Such change was a tions of, Section 607.0505, Flo	authorized orida Statu	by the cor les.	poration's board of directors. I n	істеру ассерт (пі	e appointment a	s registered	
SIGNATURE									
Signature, typed or printed name of registered agent and lide if applicable (NOTL B 12. OFFICERS AND DIRECTORS			Hegistered /	Agent is gnatur	e required when reinstating) ADDITIONS/CHANGE		S AND DIRECTO	DRS IN 12	
TITLE	VPT	DELETE	11 101		P 5	LO TO OTT TOLTIC	Change	Addition	
NAME	FUENTES, DENNIS M	_	12 NAM		,		7		
STREET ADDRESS	6922 N. THATCHER AVE.		1 A STRI	ET ADDRESS					
CITY-ST-ZIP	TAMPA FL		14 CITY	- ST - ZIP					
TITLE	P\$	DELETE	21 INL	ŧ	UPT		Change	Addition	
NAME	FUENTES, HAE YOUNG		22 NAM	E					
STREET ADDRESS	6922 N. THATCHER AVE.			FT ADDRESS					
CHY-ST-ZIP	TAMPA FL	Driver	_	7-ST-7IP			Change	Addition	
TITLE		☐ DELETE	31 THL				L_ Change	Addition	
NAME STREET ADDRESS			3 2 NAM 3 2 STRI	ELI ADDRESS					
CITY-ST-ZIP				:E1 AUDRESS (-\$1-7IP					
TITLE		DELETE	4.1 TITL		<u> </u>		☐ Change	Addition	
NAME			4 2 NAI						
STREET ADORESS			4.3 STRI	ET ADDRESS					
CITY-ST-ZIP			44 CHY	- ST - 7IP					
TITLE		DELETE	5.1 TITE	£			☐ Change	Addition	
NAME			5.2 NAM	IE					
STREET ADDRESS				FT ADDRESS					
CITY-ST-ZIP		DELETE		- S1 - ZIP		Minute of Publishers as additional transferance	Changa	Addition	
TITLE		☐ DELETE	6.1 TITL				☐ Change	☐ Addition	
NAME CYDECT ADDOCCO			62 NAM						
STREET ADDRESS				ET ADORESS					
CITY-ST-ZIP			0.4 UITY	- ST - ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				

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.