## 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 # P93000035169

Principal Place of Business	Mailing Address		
117 EASTERN FORK	117 EASTERN FORK		
LONGWOOD FL 32750	LONGWOOD FL 32750		

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90163 016 \*\*\*150.00

J. J. QU	ALITY, INC.								
					:				
Principal Place	e of Business	Mailing Address							<b></b>
117 EASTERN I		117 EASTERN FORK			!				
LONGWOOD FL 32750 LONGWOOD FL 32750					DO NOT WRI	TE IN THIS	SPACE		
						3. Date Incorporated or Qualifed			
						05/14/1993			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		26				59-3185809			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		· -	Additional equired
City 9 Stat		City & State				Station Committee State of the			
City & State	e	28				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Count	try		8. This corporation owes the curre	ent vear Inta		1
24	25	29 3	_			Personal Property Tax.	you	☐ Yes	<b>X</b> No ∤
	9. Name and Address of Currer					10. Name and Address of New R	egistered /	Agent	
			- 8	31 1	Name				Į
	STA, JORGE		8	32 5	Street Addres	ss (P.O. Box Number is Not Accepta	ble)		
	EASTERN FORK			_			<u> </u>		
LUN	GWOOD FL 32750		8	33					
			8	34 (	City	<u> </u>	FL	85 Zip	Code
14 5		0 1007 1500 51-11-01-11-	49			alian automorphic this statement for the		honging it.	registered
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Such change was auti	norized t	oy th€	e corporation	's board of directors. I hereby accep	t the appoin	itment as re	egistered
agent. 1 a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	a Statut	es.					
SIGNATURE	Signature, typed or printed name of registered ager	at and title if applicable (NOTE: R	edistered A	gent sig	gnature required w	when reinstating)	DATE		<del></del>
12.	- <del></del>	ID DIRECTORS	13.	gorn org	and and and	ADDITIONS/CHANGES TO OF		D DIRECT	ORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	E	<u> </u>			Change	Addition
NAME	ACOSTA, JORGE		1.2 NAM	E					
STREET ADDRESS	117 EASTERN FORK		1.3 STREET ADD		DRESS				ļ
CITY-ST-ZIP	LONGWOOD FL 32750		1.4 CITY	-ST-ZI	P				
TITLE	D	☐ DELETE	2.1 TITLE 2.2 NAME					Change	Addition
NAME	ACOSTA, RICHARD				ļ	•			
STREET ADDRESS	117 EASTERN FORK		2.3 STRE	EET AD	ORESS				ĺ
CITY-ST-ZIP	LONGWOOD FL 32750		2. 4 CITY		tiP				T Address
TITLE	D	☐ DELETE	3.1 TITLE					Change	☐ Addition
NAME	ACOSTA, JANINA		3.2 NAM	_	ĺ				(
STREET ADDRESS	117 EASTERN FORK		3.3 STRE						
CITY-ST-ZIP TITLE	LONGWOOD FL 32750	☐ DELETE	3.4. CITY 4.1 TITLE		IP		· · · · · ·	Change	☐ Addition
1	D ACOSTA MELINDA		4, 2 NAM					onange	
NAME STREET ADDRESS:	ACOSTA, MELINDA 117 EASTERN FORK		4. 2 NAV		anaree				
	LONGWOOD FL 32750		l .						
CITY-ST-ZIP TITLE	LUNUMOUD I L 32/30	☐ DELETE	4.4 CITY 5.1 TITLE		IF			Change	Addition
NAME		<del>-</del>	5.2 NAM					0-	_
STREET ADDRESS			5.3 STRE	EET AD	DRESS				1
CITY-ST-ZIP			5.4 CITY	-ST-Z	IP				
TITLE		☐ DELETE	6.1 TITLE	<u> </u>				Change	Addition
NAME			6.2 NAM	E					
STREET ADDRESS			6.3 STRE	EET AÚ	ORESS				1
CITY-ST-ZIP			6.4 CITY	-ST-Zii	P				

14. I hereby certify that the information supplied with this filling 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.

**SIGNATURE:**