

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra S. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -7 PH 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000055862 (5)

1. Corporation Name

QUALITY HOME MANAGEMENT, INC.

Principal Place of Business

XXXXXX
XXXXXX
XXXXXX

Mailing Address

XXXX X
XXXX X
XXXX X

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/09/1993

3a. Date of Last Report

04/19/1994

4. FEI Number

65-0429635

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 1150 W. LANCEWOOD PL

2a. Mailing Address

26 P O BOX 6838

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 DELRAY BEACH, FL

28 DELRAY BEACH, FL

Zip

Country

Zip

Country

24 33445

25 PALM BEACH

29 33484-0838

30 PALM BEACH

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MALDONADO, ROBERT
11211 S MILITARY TRAIL
SUITE 5314
BOYNTON BEACH FL 33436

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1150 W LANCEWOOD DR

83

84 City

DELRAY BEACH

FL

85 Zip Code

33445

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 or persons authorized to register agent and file of application)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MALDONADO, ROBERT
STREET ADDRESS 11211 S MILITARY TRAIL SUITE 5314
CITY-ST-ZIP BOYNTON BEACH FL 33436

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1150 W. LANCEWOOD PL
1.4 CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 it would 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:

Robert Maldonado

(Signature and Typed or Printed Name of Signing Officer or Director)

ROBERT MALDONADO

3/1/95

(407)364-0814

(Date)

(Typed Name)