3-27-97 B- 3457 C 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 # P93000067400 (0)

FLORIDA QUALITY DESIGN, INC.

Principal Piace of Business				Mailing Address				7	i (8811881 (18 18188 juli) #441 48111 8811	ı dürke dilik i	16813 BIBIT BBITT	1 8869 1981	
17585 S.E. 102 AVE.				17585 S.E. 102 AVE.									
SUMMERSFIELD FL 34491 SUM					IMMERSFIELD FL 34491-6920				1				
									3.	Date Incorporated or Qualified 09/20/1993		ate of Last R 14/1996	leport
2. Principai P	lace of Busin	ness	k	. Mailing Ad	dress		-		4.	FEI Number		Ar	oplied For
21			26							59-3208586		No	ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5.	Certificate of Status Desired			Additional equired	
City & State				City & State				6.	Election Campaign Financing		\$5.00	May Be	
23			28							Trust Fund Contribution			to Fees
Zip	Country						Country		8.	8. This corporation has liability for intangible tax under s. 199.032,			
24	25 29								1	Florida Statutes SY Yes No 10. Name and Address of New Registered Agent			
g. Name and Address of Current Registered Agent ERP, HARVEY D								Name	10	, Hallie and Addiese of Hen He	Aletelen :	- Your	
							81						
17585 S.E. 102 AVE. SUMMERSFIELD FL 34491							82	Street Addr	ess (l	P.O. Box Number is Not Acceptal	ole) 		
							83						
							84	City		-	FL	. -	Code
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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.													ts registered registered
SIGNATURE	Signature, types	for printed name of re	gistered agent and th	in if applicable	(NOTE	Registered	l Age	nt signature requir	ed whe	n reinstating)	DATE		
12.		OFFIC	ERS AND DIRE	CTORS		13.				ADDITIONS/CHANGES TO OFFIC	CERS AND		3S IN 12
TITLE	P				DELETE	1.1 11	TLE					Change	Addition
NAME	ERP, HA					1.2 NA	ME						
STREET ADDRESS		E 102ND AVE				1.3 S	REET	ADDRESS					
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NAME						2.2 N/							, i
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NAME						3.2 N/							
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NAME BASSIL LEGISCO						4. 2 N		ADDRESS			•		
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STREET ADDRESS								ADDRESS					
£ SINCELECONOSY	1					200	HLF.	ADDITE 33					

64 CITY-ST-ZIP CHY-\$1-769 14. 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

5.4 CITY - ST-ZIP

63 STREET ADDRESS

61 TITLE

62 NAME

CITY: ST: Z-2

STREET ADDRESS

TIFLE

NAME

DELETE

*352-317-*37w

Change

Addition

FILED

Mar 27 1997 8:00am

Secretary of State