

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

**FILED**

**Mar 11 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P93000071513 (4)**

1. Corporation Name  
**QUALITY CONSIGNMENTS, INC.**



Principal Place of Business

Mailing Address

**11250 OLD ST. AUGUSTINE ROAD  
 SUITE 29  
 JACKSONVILLE FL 32257  
 US**

**11250 OLD ST. AUGUSTINE ROAD  
 SUITE 29  
 JACKSONVILLE FL 32257-1147  
 US**

3. Date Incorporated or Qualified **10/08/1993**      3a. Date of Last Report **03/07/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **59-3215922**      Applied For  Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip

25 Country

28 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARTMANN, JUDITH L  
 11250 OLD ST AUGUSTINE RD  
 SUITE 14  
 JACKSONVILLE FL 32257**

81 Name **HARTMANN, JUDITH L.**  
 82 Street Address (P.O. Box Number is Not Acceptable) **11250 OLD ST. AUGUSTINE ROAD**  
 83 **SUITE 29**  
 84 City **JACKSONVILLE**      FL      85 Zip Code **32257**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HARTMANN, JUDITH L</b>
STREET ADDRESS	<b>11250 OLD ST. AUGUSTINE ROAD, SUITE 29</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Camille Hartmann</b>
1.3 STREET ADDRESS	<b>11250 old St. Augustine Rd. 29</b>
1.4 CITY - ST - ZIP	<b>Jacksonville, Fl. 32257</b>
2.1 TITLE	<b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>David Hartmann</b>
2.3 STREET ADDRESS	<b>11250 Old St. Augustine rd. 29</b>
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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.

SIGNATURE: *Judith Hartmann* / president 3-7-97 9042600510  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)