

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000073167 (7)

1. Corporation Name
STS QUALITY CORPORATION, INC.



Principal Place of Business
6069 WALDWICK CIR
DELRAY BCH. FL 34484

Mailing Address
6069 WALDWICK CIR
DELRAY BCH. FL 34484

3. Date Incorporated or Qualified 10/15/1993	3a. Date of Last Report 04/26/1995
4. FEI Number 65-6131179	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent

SOCKIN, SANDRA
6069 WALDWICK CIR
DELRAY BCH. FL 33484

10. Name and Address of New Registered Agent

81. Name		
82. Street Address (P.O. Box Number is Not Acceptable)		
83.		
84. City	FL	85. Zip 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 familiar with, and accept the obligations of, Section 607.0105, Florida Statutes.

SIGNATURE: *Sandra Sockin*

Signature, typed or printed name of registered agent, and title if applicable

IN THE BLOCK AND AGENT SIGNATURE REQUIRED WITH THIS REPORT

DATE

4/21/96

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOCKIN, SANDRA 6069 WALDWICK CIR DELRAY BCH. FL 33484 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 or appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Sandra Sockin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/96

407-498-1321
Daytime Phone #

CR2E034 (12/95)