## 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 # P93000078213

1. Corporation Name

QUALITY LIFE SERVICES, INC.

| GOVERN EN E GENTOEO, INC.                      |  |  |  |
|--|--|--|--|
| Principal Place of Business                    | Mailing Address                                |  |  |
| 2121 GRAND HARBOR BLVD.<br>VERO BEACH FL 32967 | 2121 GRAND HARBOR BLVD.<br>VERO BEACH FL 32967 |  |  |

## **FILED** May 04, 1999 8:00 am Secretary of State

05-04-1999 90212 002 \*\*\*158.75



| Principal Place                                | e of Business                                       | Mailing Address                               |             |                 |                    |   |
|--|---|---|-------------|-----------------|--------------------|---|
| 2121 GRAND HARBOR BLVD.<br>VERO BEACH FL 32967 |   | 2121 GRAND HARBOR BLVD<br>VERO BEACH FL 32967 | ).          |                 |                    |   |
| reno ocnom                                     | 2 3230.   |   |             |                 |                    | DO NOT WRITE IN THIS SPACE  |
|  |   |   |             |                 |                    | 3. Date incorporated or Qualifed 11/12/1993                                 |
| 2. Principal Pl                                | ace of Business                                     | 2a. Mailing Address                           |             |                 |                    | 4. FEI Number Applied For   |
| 21   |   | 26  |             |                 |                    | 65-0449976 Not Applicab   |
| Suite, Apt.                                    | #, etc.   | Suite, Apt. #, etc.                           |             |                 |                    | 5. Certificate of Status Desired   \$8.75 Additional                        |
| 22   |   | 27  |             |                 |                    | 5. Certificate of Status Desired Fee Required                               |
| City & State                                   | B   | City & State                                  |             |                 |                    | 6. Election Campaign Financing \$5.00 May Be                                |
| 23   |   | 28  |             |                 |                    | Trust Fund Contribution Added to Fees                                       |
| Zip  | Country   | Zip   | Country     | 4               |                    | 8. This corporation owes the current year Intangible Personal Property Tax  |
| 24   | 25  |   | sa [        |                 | ı                  | Personal Property Tax. Yes No  10. Name and Address of New Registered Agent |
|  | 9, Name and Address of Curren                       | t Kegisterea Agent                            | 81          | Name            |                    | 10. Name and Address of New Registered Agent                                |
| HFN  | n, peter J.   |   | ["          |                 |                    |   |
|  | GRAND HARBOR BLVD                                   |   | 82          | Street          | Addres             | ess (P.O. Box Number is Not Acceptable)                                     |
|  | O BEACH FL 32967                                    |   | 83          | <del> </del>    |                    |   |
|  |   |   | 00          | `}              |                    |   |
|  |   |   | 84          | City            |                    | Fi 85 Zip Code  |
|  |   | 2 and 607 4509 Elavida Statutas               | the show    | e pamed         | cornor             | pration submits this statement for the purpose of changing its registered   |
| office or re                                   | egistered agent, or both, in the State              | of Florida. Such change was aut               | thorized by | the corpo       | oration            | n's board of directors. I hereby accept the appointment as registered       |
| agent. I a                                     | m familiar with, and accept the obligation          | tions of, Section 607.0505, Florid            | da Statutes | S.              |                    |   |
| SIGNATURE                                      |   | ANOTE I                                       |             |                 | on an alam of a co | when reinstating) DATE  |
|  | Signature, typed or printed name of registered agen | ID DIRECTORS                                  | 13.         | int signature i | ednised a          | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                           |
| 12.  | T   | ☐ DELETE                                      | 1.1 TITLE   |                 | Γ                  | Change Addit  |
| NAME   | BYRNE, SUE C  |   | 1.2 NAME    |                 | )                  |   |
| STREET ADDRESS                                 | 2121 GRAND HARBOR BLVD                              |   | 1           | T ADDRESS       |                    |   |
| Į  | VERO BEACH FL 32967                                 |   | 1.4 CITY-5  |                 | ļ                  |   |
| CITY-ST-ZIP<br>TITLE                           | D D D TOTAL OF OFFI                                 | DELETE  | 2.1 TITLE   |                 |                    | ☐ Change ☐ Addit  |
| NAME   | STORETVEDT, JAN P                                   |   | 2.2 NAME    |                 | ]                  |   |
| STREET ADDRESS                                 | 2121 GRAND HARBOR BLVD                              |   | 1           | T ADDRESS       | \<br>              |   |
|  | VERO BEACH FL 32967                                 |   | 2.4 CITY-   |                 |                    |   |
| CITY-ST-ZIP<br>TITLE                           | VP  | ☐ DELETE                                      | 3.1 TITLE   | V1-21           |                    | ☐ Change ☐ Addit  |
| NAME   | D'HAESELEER, RONALD V.                              | _   | 3.2 NAME    |                 | İ                  |   |
| STREET ADDRESS                                 | 2121 GRAND HARBOR BLVD                              |   |             | T ADDRESS       |                    |   |
| CITY-ST-ZIP                                    | VERO BEACH FL                                       |   | 3.4. CITY-  |                 | }                  |   |
| TITLE  | VPS   | DELETE  | 4.1 TITLE   |                 |                    | Change Addit  |
| NAME   | HENN, PETER   |   | 4, 2 NAME   |                 |                    |   |
| STREET ADDRESS                                 | A444 004110 1140000 01100                           |   | 1           | TADDRESS        |                    |   |
| CITY-ST-ZIP                                    | VERO BEACH FL                                       |   | 4.4 CITY-5  |                 |                    |   |
| TITLE  | D   | DELETE  | 5.1 TITLE   |                 | Γ –                | ☐ Change ☐ Addit  |
| NAME   | PODBOY, EDWARD F                                    |   | 5.2 NAME    |                 |                    |   |
| STREET ADDRESS                                 | 2121 GRAND HARBOR BLVD                              |   | 5.3 STREE   | T ADDRESS       | Ì                  |   |
| CITY-ST-ZIP                                    | VERO BCH FL 32967                                   |   | 5.4 CITY-\$ | ST-ZIP          | 1                  |   |
| TITLE  |   | DELETE  | 6.1 TITLE   | _               | <u> </u>           | ☐ Change ☐ Addit  |
| NAME   |   |   | 6.2 NAME    |                 | ĺ                  |   |
| STREET ADDRESS                                 |   |   | 6.3 STREE   | TADDRESS        |                    |   |
| OTREET MEDITESS                                |   |   |             | 37 JID          |                    |   |

CITY-ST-ZIP

14. I 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 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #