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

CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

Block 12 or Block 13 if changed on an attachment with an address.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P93000085638 (3)

QUALITY MINDED CARPENTRY INC.

Principal Place of Business Mailing Address 3000 NE 2ND AVE 3000 NE 2ND AVE POMPANO FL 33064 POMPANO FL 33064 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>12/15/1993</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0454049 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Country ZiD Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name UNGER, HARRY F 3000 NE 2ND AVE Street Address (P.O. Box Number is Not Acceptable) POMPANO FL 33064 83 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 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE ☐ Change Addition TITLE 1.5 TITLE UNGER, HARRY F NAME 1.2 NAME 3000 NE 2ND AVE STREET ADDRESS 1.3 STREET ADDRESS **POMPANO FL** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE GENTILE, LISA 2.2 NAME NAME 3000 NE 2ND AVE 2.3 STREET ADDRESS STREET ADDRESS POMPANO FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP __ Addition DELETE Change 31 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition 4.5 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 63 STREET ADDRESS STREET ADDRESS

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

HARRY F. UNBER Winlow

FILED

Apr 16 1998 8:00am

Secretary of State