


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

FILED

May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000009127 (9)

1. Corporation Name
QUALITY VINYL PRODUCTS, INC.

Principal Place of Business
1025 BAY ROAD
MOUNT DORA FL 32757
US

Mailing Address
33725 LAKESHORE DRIVE
TAVARES FL 32778



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/03/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3224062	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution	
Country		Country		<input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year intangible	
				Personal Property Tax due June 30.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FEIKERT, WILLIAM 33725 LAKESHORE DR. TAVARES FL 32778				81 Name THOMAS BAGGETT			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				1025 BAY RD			
				83			
				84 City MT DORA FL 85 Zip Code 32757			

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 THOMAS BAGGETT Thomas Baggett Pres DATE 4/24/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE D				11.1 TITLE			
NAME FEIKERT, WILLIAM				12 NAME			
STREET ADDRESS 33725 LAKESHORE DRIVE				13 STREET ADDRESS			
CITY-ST-ZIP TAVARES FL 32778				14 CITY-ST-ZIP			
TITLE P				2.1 TITLE			
NAME FEIKERT, WILLIAM				2.2 NAME			
STREET ADDRESS 33725 LAKESHORE DRIVE				2.3 STREET ADDRESS			
CITY-ST-ZIP TAVARES FL				2.4 CITY-ST-ZIP			
TITLE VP				3.1 TITLE			
NAME FEIKERT, BARBARA				3.2 NAME			
STREET ADDRESS 33725 LAKESHORE DRIVE				3.3 STREET ADDRESS			
CITY-ST-ZIP TAVARES FL				3.4 CITY-ST-ZIP			
TITLE				4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE				5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE				6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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 on an attachment with an address.

SIGNATURE: Thomas G. Baggett Pres Thomas G. Baggett 4/24/98 725 5101

CR2E034 (10/97)