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

PROFIT CORPORATION ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000015055 (4)

L.T.Q. OFFICE SERVICES, INC.

Principal Place of Business

Mailing Address

FILED
May 04 1998 8:00am
Secretary of State



660 S MILITARY TRAIL DEERFIELD BCH FL 33442 US		660 S MILITARY TRAIL DEERFIELD BCH FL 33442 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  02/24/1994		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0471203	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be	
Zip Country		Zip Country		Trust Fund Contribution	Added to Fees	
24	25	29	30	,	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	Yes No
	9. Name and Address of Current				10. Name and Address of New Registered Agent	
OH	ONG, ROBERT C		8	1 Name		
	19 BOCA CHICA CIRCLE		82 Street Add		ddress (P.O. Box Number is Not Acceptable)	
	CA RATON FL 33433			Oli eel Ac	Saless (1.0. Dox 140HDC) is Not Acceptable)	
- +			8:	3		
			84	City		85 Zip Code
				<u> </u>	-	L
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 Signature, typed or profited rouge of regolared agent and title if applicable INOTE Registered Agent signature required when reinstating)  DATE						
12.	OF LICERS AND		13.	gent signature re	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PTD	DELETE	1.1 TITLE		1.001110110,01111102010 01111021101	Change Addition
NAME	QUONG, ROBERT C		1.2 NAME			
STREET ADDRESS	23319 BOCA CHICA CIRCLE		1.3 STREE	ET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CITY-	ST-2IP		
TITLE	0.0		2.1 TITLE			Change Addition
NAME	<b>Q</b> UONG, DANIEL R		2.2 NAME			
STREET ADDRESS	23319 BOCA CHICA CIRCLE	2.3 STF		T ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		2. 4 CITY			Observe D Addition
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME	i i		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4 CITY 4.1 TITLE			Change Addition
NAME			4. 2 NAM	į.		
STREET ADDRESS	:			T ADDRESS		
CITY-ST-ZIP			4.4 CITY	\$1-ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME	-		
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-			
TITLE		☐ DELEŤE	6.1 TITLE	ŀ		Change Addition
NAME			6.2 NAME			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP	arth, that the information supplied with	b this films does not qualify to	6.4 CITY-		in Section 119 07(3)(i) Florida Statutas I further	certify that the information
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 trugged empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if obanged, or en an atlachment with an addises.						