

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 # P94000022488 (8)

1. Corporation Name

NRS QUALITY ASSOCIATES, INCORPORATED



Principal Place of Business

Mailing Address

845 N.E. 75TH ST.
BOCA RATON FL 33487

845 N.E. 75TH ST.
BOCA RATON FL 33487

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

SCHMIDT, DAVID W
100 N.E. 5TH AVE.
DELRAY BEACH FL 33444

3. Date Incorporated or Qualified

03/23/1994

3a. Date of Last Report

02/24/1995

4. FEI Number

65-0476158

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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 607.0505, Florida Statutes.

SIGNATURE

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

NOTE: Registered Agent's Signature is required for this filing.

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME COAKLEY, NANCY H
STREET ADDRESS 845 N.E. 75TH ST.
CITY-ST-ZIP BOCA RATON FL 33487

TITLE D ☒ DELETE
NAME MORRIS, SUSAN P
STREET ADDRESS 1621 COTTONWOOD VALLEY CIRCLE SOUTH
CITY-ST-ZIP IRVING TX 75038

TITLE D ☐ DELETE
NAME GIVEN, RAYMOND E
STREET ADDRESS 10911 LA SALINAS CIRCLE
CITY-ST-ZIP BOCA RATON FL 33428

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☒ Addition
2.2 NAME D Robert Winterstein
2.3 STREET ADDRESS 4131 NW 107 Ave
2.4 CITY-ST-ZIP Coral Springs FL 33065

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/96

Date

407-241-773

Daytime Phone #

CR2E034 (12/95)