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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 14 1997 8:00am

Secretary of State

DOCUMENT # P94000032418 (3)

ALE QUALITY CONSULTANTS, INC.

C	, ,										
Principal Place	e of Business	Mailing A	ddress			, , , , , , , , , , , , , , , , , , ,	I MALTAGEL ILA 18514 BIEYI BEYII BENIH MDII		HON BIRRI III	01 (0)1 (FDF	
1859 ARABIAN	N RD		P O BOX 5675								
SUITE 204	DE4011 EL 00400	SUITE 20	4)RTH FL 33466	EOTE			Ì				
US PALM C	BEACH FL 33406	US US	MIN FL 33400	-30/3			3. Date Incorporated or Qualified	3a. Da	te of Last R	Report	٦
00							04/27/1994		01/1996		
2. Principal P	lece of Business	2a. Mailin	28. Mailing Address 26				4. FEI Number	J		oplied For	7
21		26					65-0502500		Nc	ot Applicable	,]
Sulte, Apt.	#, etc.	Suile,	Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional	1
22		27					Fee Required				
City & State	е	City &	City & State				6. Election Campaign Financing \$5.00 May Be				
23		28		- -			Trust Fund Contribution	Щ		to Fees	_
Zip 24	Country	Zip		Cou	ntry		8. This corporation has liability for in		tak under s. ≰No	. 199.032.	1
24	[25] 9. Name and Address of Curren	29 t Registered A	oent	30			Florida Statutes 10. Name and Address of New Reg			····	-
1.01		g			81	Name	10. 110.110 2.10 1440.100 01 1100 110	giotorou r	gont		┨
	LICOTCH, RANDALL 59 ARABIAN RD			ļ							1
	ITE 204				82	Street Addr	eet Address (P.O. Box Number is Not Acceptable)				ı
	ST PALM BEACH FL 33406				83						┨
442	OT FALM DEADITIE 33400			1					- 		4
					84	City		FL	85 Zip (Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.150	B. Florida State	utes, the at	30∧€	-named corp	oration submits this statement for the p		changing it	ls registered	1
office or r	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Suc ations of, Section	th change was on 607.0505. F	authorized Iorida Stat	d by utes	the corporati	oration submits this statement for the p on's board of directors. I hereby accep	the appo	pintment as	registered	1
SIGNATURE						•					-
SIGNATORE	Signature, typod or printed name of registered ago	ont and title if applicat	tile (NC	D1E: Registere:	d Age	nt signature requir	ed when reinstating)	DATE			
12.	OFFICERS AN	D DIRECTORS		13.		~··	ADDITIONS/CHANGES TO OFFIC];
TITLE	P		☐ DELETE	1.1 1m.					L Change	Addition	13
NAME	SUTHERLAND, CYNTHIA			1.2 N/	ME						H
STREET ADDRESS	1859 ARABIAN RD			1.3 \$1	REET	ADDRESS					Įį
CITY-ST-ZIP	WEST PALM BEACH FL		Dr. exc	1,4 ()		1-71P			——————————————————————————————————————		إل
TITLE	ST		☐ DELETE						L_I Change	Addilion	
NAME	LILLICOTCH, RANDALL		L L		2.2 NAME						-
STREET ADDRESS	1859 ARABIAN RD					ADDRESS					
CITY-ST-ZIP TITLE	WST PALM BEACH FL	·· ·····	DELETE	2. 4 CI 3.1 TiT		ST - ZIP			Change	Addition	4
NAME			LJ VIX CIE	3.2 NA)		,	Onange	L.J AUGILION	1
STREET ADDRESS						ADDRESS	,				
CITY-ST-ZIP				1		i					١
TITLE			DELETE	3.4. CI 4.1 1/1		21 - 211			Change	Addition	\dashv
NAME				4. 2 N			I .			hand - Notice of	1
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				4.5 CH							
TITLE			DELETE	51111				· · · · · · · · · · · · · · · · · · ·	Change	Addition	1
NAME				5.2 NA	Mé				-		
STREET ADDRESS				5.3 ST	BEE 1	ADDRESS					1
CITY-ST-ZIP				5.4 CI		1					
TITLE			DELETE	6.1 Til					Change	☐ Addition	7
NAME				6.2 NA	ME						
STREET ADDRESS				6.3 S1	REET	ADDRESS					
CITY-ST-ZIP				6 4 CI							_
14. I do heret	by certify that the information supplied	d with this filing	does not qua	lify for the	exe	mption stated	in Section 119.07(3)(i), Florida Statutes my signature shall have the same legal	s. I further	certify that	the	
tam an o	fficer or d irector of the corporation or	The receiver or	' trustec empo	wered to e	xec	ute this report	my signature shall have the same lega Las required by Chapter 607, Florida S	tatutes; ar	ii made und id that my r	uoroain; ina rame	ľ
appears i	in Block 12 or Block 13 if changed, or	r on an attachm	nent with an ac	odress.			/ /				