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

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block 19 if

SIGNATURE AND TYPED O

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000037673 (8)

QUALITY EQUIPMENT & SALES, INC.

Mailing Address Principal Place of Business 230 BUSINESS PARKWAY 230 BUSINESS PARKWAY ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411 3. Date Incorporated or Qualified 3a. Date of Last Report 05/16/1994 05/01/1996 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 65-0484291 21 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 29 30 24 25 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name SAWYER, DELORES 230 BUSINESS PARKWAY 82 Street Address (P.O. Box Number is Not Acceptable) ROYAL PALM BEACH FL 33411 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, fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, type-d or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE DPST 1.1 TITLE Change At Idition TITLE SAWYER, DELORES NAMI 1.2 NAME 230 BUSINESS PARKWAY 1.3 STREET ADDRESS STREET ADDRESS ROYAL PALM BEACH FL 33411 CITY-ST-ZIP 1.4 CITY - ST - ZIP ☐ DELETE ☐ Change Addition TITLE 21 TITLE COLLADO, HUGO 22 NAME NAME 1341 STATE RD 7 STREET ADDRESS 23 STREET ADDRESS WEST PALM BEACH FL 33414 2.4 CITY-ST-ZIP CITY-ST-7P DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CHTM - ST - ZIP DELETE ☐ Change Addition TIT: F 4.1 TITLE NAM 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-7IP CITY - ST - ZIF DELETE 5.1 TITLE Change ___ Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CHTY-ST-ZIP ☐ DELETE ☐ Addition Change 6.1 TITLE TITLE 6.2 NAME **63 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP CITY-51-7/9

14. I do 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

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ged, or on an attachment with an address.

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

FILED May 07 1997 8:00am Secretary of State



Daytime Phone #

0521757