

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/1/93: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JUL 28 AM 7:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000043483 (4)

1. Corporation Name

QUALITY ASSOCIATES INTERNATIONAL, INC.

Principal Place of Business

5236 MAJORCA CLUB DR
BOCA RATON FL 33486

Mailing Address

5236 MAJORCA CLUB DR
BOCA RATON FL 33486 33433
21218 St. Andrews Blvd
Suite 405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1994

3a. Date of Last Report

2. Principal Place of Business

21 1927 SHARON ST

2a. Mailing Address

26 21218 ST. ANDREWS

4. FEI Number

65-0501381

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Finance

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 198.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

23 BOCA RATON, FL

City & State

28 BOCA RATON, FL

Zip

Country

24 33486

25 USA

Zip

Country

29 33433

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRADLEY, MARCIA
5236 MAJORCA CLUB DR
BOCA RATON FL 33486

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

Marcia Bradley

7-25-95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICER OR DIRECTOR

TITLE	D
NAME	BRADLEY, MARCIA
STREET ADDRESS	5236 MAJORCA CLUB DR
CITY, ST, ZIP	BOCA RATON FL 33486
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 110.07(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:

Marcia Bradley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-95 407-730-5528

DATE

Telephone #