Applied For

Fee Required \$5.00 May Be

Added to Fees

☐ Yes

□No

Not Applicable \$8.75 Additional

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000075951

Country

9. Name and Address of Current Registered Agent

25

VENTRY, LYNNE S

#304D

SIGNATURE:

4800 N FEDERAL HWY

BOCA RATON FL 33431

1. Corporation Name

QUALITY AUTOMATION SCIENCES, INC.

Principal Place of Business	Mailing Address					
750 VERONA LAKE DR FT LAUDERDALE FL 33326	750 VERONA LAKE DR FT LAUDERDALE FL 33326					
Principal Place of Business	2a. Mailing Address					
Principal Place of Business Suite, Apt. #, etc.	<u>⊢</u> ¬					
21	26					

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FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90043 012 ***150.00



DO NOT WRITE IN THIS SPACE	
Date Incorporated or Qualifed	
10/14/1994	

3, Date Incorpor

4. FEI Number

65-0531323

5. Certificate of Status Desired

Election Campaign Financing

Trust Fund Contribution --

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

500	7. 18.1 OH 1 E 00 10 1		84	City					85 Zip C	ode	
				,				FL			
office or re	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was au	thorized by	the corporation	oration submits on's board of di	this statemerectors. I he	ent for the p reby accept	urpose of the appoi	changing its ntment as rec	registered gistered	
SIGNATURE		Alote	B 14 4		d when reinstating)			DATE			
Digitalitati typas a prince				t signature required		NS/CHANGE	S TO OFF		D DIRECTO	RS IN 12	
12.	DPST OFFICERS AND	DELETE	13.		ADDITIO	N3/CHANG	23 10 0111	OLNO AIN	☐ Change	Addition	
TITLE									C 0.10.1.30		
NAME	MILENKOVIC, LISA V.		1.2 NAME								
STREET ADDRESS	750 VERONA LAKE DR		1.3 STREET	ADDRESS	•						
CITY-ST-ZIP	WESTON FL 33326		1.4 CITY-S	r-ZIP				<u> </u>	Change	☐ Addition	
TITLE		☐ DELETE	2.1 TITLE						Change	- Accinon	
NAME			2.2 NAME				٠,			٠	
STREET ADDRESS			2.3 STREET	ADDRESS			*			:	
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TITLE	-	☐ DELETE	3.1 TITLE						☐ Change	Addition	
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CITY-ST-ZIP			5.4 CITY-S	T-ZIP							
TITLE		☐ DELETE	6.1 TITLE				•		☐ Change	☐ Addition)	
NAME			6.2 NAME							Ì	
STREET ADDRESS			6.3 STREET	ADDRESS							
CITY-ST-ZIP			6.4 CITY-S								
indicated officer or	pertify that the information supplied with on this annual report or supplemental a director of the corporation or the receive or Block 13 if changed, or on an attachn	nnual report is true and accur r or trustee empowered to ex	rate and that recute this re	t my signature eport as requi	e shall have the	same legal	effect as if i	made und	er oath, thát i	am an	

LISAIN! MITLENKOVIC

Country

81 Name

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