

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000086206 (7)

1. Corporation Name

QUALITY HEALTH PRODUCTS, INC.

**APPROVED
AND
FILED**

95 MAR 23 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **1313 SOUTH MILITARY TRAIL
80. 314
DEERFIELD BEACH FL**
Mailing Address: **1313 SOUTH MILITARY TRAIL
80. 314
DEERFIELD BEACH FL**

2. Principal Place of Business: **21 Suite 314 33442**
Suite, Apt. #, etc.
22 314
City & State
23
Zip
24
Country
25
2a. Mailing Address: **26 Suite 314 33442**
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date incorporated or qualified: **11/29/1994**
3a. Date of Last Report: **N/A**
4. FEI Number: **650536287**
5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☒ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**COSSA, MARY A
1313 SOUTH MILITARY TRAIL
NO. 314
DEERFIELD BEACH FL 33442**

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 (use block capital letters)

Signature: typed or printed name of registered agent (use block capital letters)

Signature

12. OFFICERS AND DIRECTORS
TITLE: **Michael Matthews, Pres. + Chairman**
NAME: **4851 N. E. 28th Ave. + Director**
STREET ADDRESS: **Lighthouse Point, FL 33064**
CITY, ST, ZIP
TITLE: **CAROL Mansfield Sontag, V. Pres. + Director**
NAME: **4000 Towerside Terrace #1207**
STREET ADDRESS: **Miami, FL 33138**
CITY, ST, ZIP
TITLE: **Mary Anne Cossa, Secy. Treas. + Director**
NAME: **1155 S. Hillsboro Mile #610**
STREET ADDRESS: **Hillsboro Beach FL 33062**
CITY, ST, ZIP
TITLE: **David Sontag, Director**
NAME: **4000 Towerside Terrace #1207**
STREET ADDRESS: **Miami FL 33138**
CITY, ST, ZIP
TITLE: **Kathleen Low, Director**
NAME: **4851 N. E. 28th Ave.**
STREET ADDRESS: **Lighthouse Point, FL 33064**
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP
21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP
25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY, ST, ZIP
29. TITLE
30. NAME
31. STREET ADDRESS
32. CITY, ST, ZIP
33. TITLE
34. NAME
35. STREET ADDRESS
36. CITY, ST, ZIP
37. TITLE
38. NAME
39. STREET ADDRESS
40. CITY, ST, ZIP
41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY, ST, ZIP
45. TITLE
46. NAME
47. STREET ADDRESS
48. CITY, ST, ZIP
49. TITLE
50. NAME
51. STREET ADDRESS
52. CITY, ST, ZIP
53. TITLE
54. NAME
55. STREET ADDRESS
56. CITY, ST, ZIP
57. TITLE
58. NAME
59. STREET ADDRESS
60. CITY, ST, ZIP
61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY, ST, ZIP
65. TITLE
66. NAME
67. STREET ADDRESS
68. CITY, ST, ZIP
69. TITLE
70. NAME
71. STREET ADDRESS
72. CITY, ST, ZIP
73. TITLE
74. NAME
75. STREET ADDRESS
76. CITY, ST, ZIP
77. TITLE
78. NAME
79. STREET ADDRESS
80. CITY, ST, ZIP
81. TITLE
82. NAME
83. STREET ADDRESS
84. CITY, ST, ZIP
85. TITLE
86. NAME
87. STREET ADDRESS
88. CITY, ST, ZIP
89. TITLE
90. NAME
91. STREET ADDRESS
92. CITY, ST, ZIP
93. TITLE
94. NAME
95. STREET ADDRESS
96. CITY, ST, ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. 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 190.032(1)(b), 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 147, 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

MARY ANNE COSSA

2-8-95

305-428-7575