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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000011021 (9)**

1. Corporation Name
QUALITY PLUS FRAMING INC.

Principal Place of Business	Mailing Address
5345 ORTEGA BLVD **#12** **JACKSONVILLE FL 32210** **US**	**2448 VIOLET WAY** **MIDDLEBURG FL 32068-4447**

3. Date Incorporated or Qualified: **02/06/1995**
3a. Date of Last Report: **02/26/1996**

2. Principal Place of Business
21 2426 VIOLET WAY
22 Suite, Apt. #, etc.
23 City & State: Middleburg FL
24 Zip: 32068 25 Country: USA.

2a. Mailing Address
26 2426 VIOLET WAY
27 Suite, Apt. #, etc.
28 City & State: Middleburg FL
29 Zip: 32068 30 Country: USA.

4. FEI Number: **65-0551743** ☐ Applied For ☐ Not Applicable

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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
LEE, JACQUELIN
2448 VIOLET WAY
MIDDLEBURG FL 32068

10. Name and Address of New Registered Agent
81 Name: Albert Lee
82 Street Address (P.O. Box Number is Not Acceptable): 2448 VIOLET WAY
83
84 City: Middleburg FL 85 Zip Code: 32068

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: Jacquelin Lee (Print/Type name of registered agent and title if applicable.) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LEE, ALBERT E.		1.2 NAME		
STREET ADDRESS	5345 ORTEGA BLVD #12		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	V	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RIVENBARK, CHRIS		2.2 NAME		
STREET ADDRESS	5345 ORTEGA BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	S	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LEE, JACQUELIN		3.2 NAME		
STREET ADDRESS	2448 VIOLET WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG F		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0019990