

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

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Moorman Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000011021 (9)

1. Corporation Name

QUALITY PLUS FRAMING INC.



Principal Place of Business 5345 ORTEGA BLVD #12 JACKSONVILLE FL 32210 US	Mailing Address 2448 VIOLET WAY MIDDLEBURG FL 32068-4447
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3. Date Incorporated or Qualified 02/06/1995	3a. Date of Last Report 02/26/1996
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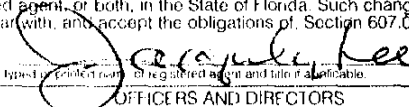
2. Principal Place of Business 21 2426 VIOLET WAY Suite, Apt. #, etc. 22 City & State 23 Middleburg FL Zip 24 32068 Country 25 USA	2a. Mailing Address 26 2426 VIOLET WAY Suite, Apt. #, etc. 27 City & State 28 Middleburg FL Zip 29 32068 Country 30 USA
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4. 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	
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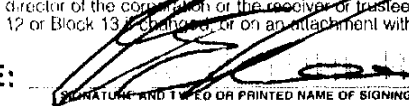
10. Name and Address of New Registered Agent 81 Name Albert Lee 82 Street Address (P.O. Box Number is Not Acceptable) 2448 Violet Way 83 84 City Middleburg FL 85 Zip Code 32068

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:  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	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	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	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		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, as changed, or on an attachment with an address.

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

CR2E034 (9/96)

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