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

PROFIT CORPORATION ANNUAL REPORT **1996**



FLORIDA DEPARTMENT OF STATE

► Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P95000011173	(8)
1 Corporation Name	1 00000011170	(\mathbf{v})

QUALIT	Y & ENGINEERING SERVICE	ES, INC.			
Principal Place	lace of Business Mailing Address			A LODITEDI 140 IBIDA BANT BANT BANT BA	INI MENUN NIMBA PARAN PIMBA INDIPAR NIAN PARA
5228 CELERY PALM BEACH	EERY LN 5228 CELERY LN EACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418				
		.		02/02/1995	3a. Date of Last Report
2. Principal Pla	ice of Business Centuc (XX)	1 2a. Mailing Address 26 SCLANC	042)	4. FEI Number	Applied For Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.	u. a,	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 AHOUN	ante purvas, H.	28	Country	Treat tend contribution	Added to Fees
24/32)14	4 25 Servinde	Ζφ 29	Gountry 30	B. This corporation has liability for int. Florida Statutes	angibie tax under s. 199,032,
	9. Name and Address of Current	Annual of the second services and a second second		10. Name and Address of New Reg	istered Agent
•			81 Name		
	S, DAVID M		82 Street Add	iress (P.O. Box Number is Not Acceptable)	
	RANKLIN ST		83		
TAMPA F	·L 33502		63		
			84 City		FL 85 Zip Code
familiar witi	o the provisions of Sections 607.0502 a ad agent, or both, in the State of Florida h, and accept the obligations of, Section	nd 607.1508, Florida Statutes Such change was authorized i 607.0505, Florida Statutes	, the above-named corpc I by the corporation's box	oration submits this statement for the purpo and of directors. I hereby accept the appoin	ise of changing its registered office timent as registered agent. I am
SIGNATURE: _	Signature, typed or printed has not repetitive Lagentia.	Jus daggirats (NOTE	Projectional Agent Synathin Institut	ed න් er අහසේන්ගල්	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE		□ DELEFE	1 1 Title 5	dr. D. Kira	Change Addition
NAME			1.2 NAME		
STREET ADDRESS			. 1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		[] DELETE	1.4 CITY - ST - ZIP 2.1 TIFLE	Acoidert	Change Addition
NAME		[] best of	2 2 NAME	Wina N Kina	
STREET ADDRESS			2 3 STREET ADDRESS	SH436 Dississady &	lace
CITY - ST - ZIP			2 4 CiTy - ST - ZIP	Orlando, Mr. 3	25/52
TITLE		DECETÉ	3 1 DILE		Change Addition
NAME			3.2 NAML		
STREET ADDRESS			3.3 STREET ADDRESS		· · ·
CITY-SI-2IP			3.4.CITY-S1-ZIP		
TITLE		☐ DELETÉ	4. 1 THTLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP		₽ BOLETO	4 4 CITY - ST - ZIP		
TITLE		□ DELETE	5 1 Tille		Change Addition
NAME STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS		
TITLE		DELETE	5 4 CITY - ST - ZIP 6 1 TILE	10000100	Addition
NAME			6 2 NAME	10000190 -07/26/960102	5031
STREET ADDRESS			6.3 STREET ADDRESS	***225.00	0 001
CITY-ST-ZIP			6 4 City - St - ZiP	EE0.00	
			_ =	The second contract of	

14. I do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4). 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 or Block 13 if chapters, or prain attachment with an address

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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