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

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000029695 (0) DOCUMENT # 1. Corporation Name

QUALITY SALES ENTERPRISE INC.					
Principal Place of Business	Mailing Address				
2535 RICHARDS ROAD TARPON SPRINGS FL 34659	2535 RICHARDS ROAD TARPON SPRINGS FL 34659				

Principal Place of Business 2535 RICHARDS ROAD		Mailing Address 2535 RICHARDS ROAD			
	INGS FL 34659	TARPON SPRINGS FL 34	1659		
				3. Date Incorporated or Qualified 3. 04/10/1995	sa. Date of Last Report
2. Principal Plac	ce of Business	2a. Mailing Address	rus cu	4. FEI Number 59-3370746	Applied For
Suite, Apt. #	nto	26 200 4 4 Suite, Apt. #, etc.	Y. 34 O	34-337-746	Not Applicable
22	, 610.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	T 1	6. Flection Campaign Financing	-, \$5.00 May Be
23		28 Bradento		Trust Fund Contribution L	Added to Fees
Zip 24	Country 25	29 34205	Country 30 Monatee	8. This corporation has liability for inta Florida Statutes Yes	ingible tax under s. 199.032, No
	9. Name and Address of Curren		30 1110 1111	10. Name and Address of New Reg	
	alan Chards Road I Springs FL 34659		83 20	ess (P.O. Box Number is Not Acceptable).) Inc To Code
			84 CityCCA	BENPIN N	FL 85 Zin Code
or registere familiar with SIGNATURE	nd agent, or both, in the State of Florin, and accept the obligations of, Sect	da Such change was authorized ion 607.0505, Florida Statutes.	by the corporation's boar	er in viewe de la reconstruit de la company de la comp	ment as registered agent. Lam
12. TITLE	OFFICERS ANI	DELETE DELETE	13. 1, 1 TITLE	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12 Change
NAME	BRYANT, WILLIAM	L_I beccie	1.2 NAME		Onlying 7.00 don
STREET ADDRESS	2535 RICHARDS RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL 34689)	1.4 CHY+S1-ZIP		
TITLE	VTO	☐ DELETE	2 1 TITLE		Change Addition
NAME	BRYANT, GERALDINE A		2 2 NAME		•
STREET ADDRESS	2535 RICHARDS RD. TARPON SPRINGS FL 34689	1	2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	JANCON SCHINGS FL 34008	DELETE	2 4 C(1Y - S1 - Z(P)		Change Addition
NAME		[Deteri	3 2 NAME		El cuerão El montou
STREET ADDRESS			3.3. STREET ADORESS		
CITY-ST-ZIP			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		FT BELEVE	4 4 CITY - ST - ZIP		Change I'm Addes
TITLE		DELETE	5. 1 TPLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADORESS		
CITY-ST-ZIP TITLE		DELFTE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		L'il precit	62 NAME		L] Onlings L] Redition
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
0111-01-2IF	L	and the same army of the confidence of	0 9 9111 - 91 - 211		

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 119.07(3)(k), 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR