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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000036170 (5)

## QUALITY SERVICE LEADERSHIP, INC.

| 1160 N. FED<br>UNIT 1013             | ace of Business<br>Eral Highway<br>Dale Fl 33304 | UNIT 1013                         | 1160 N. FEDERAL HIGHWAY |                        |                      | L LOBBIDER HE 1840 DILLI DRIN EDAN EDAN BOIGD AND BLAD NEW TORIS BEIL 1841 |                                    |                                       |                        |                     |  |
|--------------------------------------|--|-----------------------------------|-------------------------|------------------------|----------------------|--|------------------------------------|---------------------------------------|------------------------|---------------------|--|
| Fi. LAUDEN                           | onle fl 33304                                    | TH ENODERDMEETE &                 |                         |                        |                      | 3. Date Incorporated or Qualified 05/03/1995                               | 3a. Date of Last Report 05/01/1996 |                                       |                        |                     |  |
| <u> </u>                             | Place of Business                                | 2a. Mailing Address               | <del></del>             |                        |                      | 4. FEI Number Applies  |                                    |                                       |                        | plied For           |  |
| 21                                   |  | 26                                |                         |                        |                      | 65-0597734 Not App   |                                    |                                       |                        |                     |  |
| Suite, Ap                            | θΕ#, <b>Θ</b> [G.                                | Suite, Apt. #, etc.               | Suite, Apr. #, etc.     |                        |                      | 5. Certificate of Status Desired   |                                    |                                       | . <b>/5</b> A<br>ee Re | dditional<br>quired |  |
| City & St                            | ate  | City & State                      |                         |                        |                      | 6. Election Campaign Financing   |                                    | \$!                                   | 5.00                   | Мау Ве              |  |
| 23                                   |  | 28                                | 28                      |                        |                      | Trust Fund Contribution  | Added to Fees                      |                                       |                        |                     |  |
| Ziρ                                  | Country Zip                                      |                                   | Country                 |                        |                      | 8. This corporation has liability for intengible tax under s. 199.032,     |                                    |                                       |                        |                     |  |
| 24                                   | 25 29 30   |                                   |                         |                        |                      | Florida Statutes   |                                    |                                       |                        |                     |  |
|                                      | 9. Name and Address of Cur                       | rrent Registered Agent            |                         | 441                    |                      | 10. Name and Address of New Re   | gistered #                         | gent                                  |                        |                     |  |
|                                      | OSS, BARBARA D                                   |                                   |                         | 81                     | Name                 |  |                                    |                                       |                        |                     |  |
| 1160 N. FEDERAL HIGHWAY<br>UNIT 1013 |  |                                   |                         | 82                     | Street Addre         | ess (P.O. Box Number is Not Acceptat                                       | ole)                               |                                       |                        |                     |  |
|                                      | LAUDERDALE FL 33304                              | •                                 |                         | 83                     |                      |  |                                    |                                       |                        |                     |  |
|                                      |  | •                                 |                         | 84                     | City                 |  | FL                                 | 85                                    | Zip C                  | ode                 |  |
| SIGNATURE                            | Stgeature, typied or printed name of registered  | 1 agent and Mile if applicable (f | NOTE Registered         | Ager                   | nt signature require | ed when reinstating)  ADDITIONS/CHANGES TO OFFIC                           | DATE<br>CERS AND                   | DIRE                                  | CTOR                   | S IN 12             |  |
| THILE                                | D  | DELETE                            |                         | 1.1 TOTLE              |                      |  |                                    | L Cr                                  |                        | Addition            |  |
| NAME                                 | MOSS, BARBARA D                                  |                                   | 1.2 NA                  |                        |                      |  |                                    |                                       | _                      |                     |  |
| STREET ADDRESS                       | 🔋   1160 N. FEDERAL HIGHWA                       | \Y                                | 1.3 \$7                 |                        | address              |  |                                    |                                       |                        |                     |  |
| City St ZiP                          | FT. LAUDERDALE FL 33304                          | ļ .                               | 1.4 (                   |                        | 1-ZIP                |  |                                    |                                       |                        |                     |  |
| TITLE                                | D  | DELETE                            | 2.1 TI                  | LE                     |                      |  |                                    | ☐ Ct                                  | ange                   | Addition            |  |
| NAMÉ                                 | MOSS, JACK L                                     |                                   | 22 N                    | 22 NAME                |                      |  |                                    |                                       |                        |                     |  |
| STREET ADDRESS                       |  |                                   | 238                     |                        | ADDRESS              |  |                                    |                                       |                        |                     |  |
| CHY-S1-7IF                           |  |                                   |                         | 2 4 CITY-SY-ZIP        |                      |  |                                    | <del>-</del>                          |                        | 2 200               |  |
| THLE                                 |  | DELETE                            |                         |                        |                      |  |                                    | Cr                                    | ıange                  | Addition            |  |
| NAME                                 |  |                                   | 3.2 N/                  |                        |                      |  |                                    |                                       |                        |                     |  |
| STREET ADDRESS                       | §  |                                   |                         |                        | ADDRESS              |  |                                    |                                       |                        |                     |  |
| CHY-ST-ZIP<br>THLE                   |  |                                   |                         | I.4. CITY-ST-ZIP       |                      |  |                                    | □ cr                                  | าลกกล                  | Addition            |  |
| NAME                                 |  |                                   |                         | 4.1 ITILE<br>4. 2 NAME |                      |  |                                    | , , , , , , , , , , , , , , , , , , , | io igc                 | - AUGION            |  |
| STREET ADDRESS                       |  |                                   |                         |                        | ADDRESS              |  |                                    |                                       |                        |                     |  |
| City - ST - ZIP                      | <u>'</u>   |                                   | 4.4 CF                  |                        | 1                    |  |                                    |                                       |                        |                     |  |
| TILLE                                |  |                                   |                         | ILE                    | - Lir                | Change Addition  |                                    |                                       |                        |                     |  |
| NAME                                 |  |                                   | 5.2 N/                  |                        |                      |  |                                    |                                       | •                      |                     |  |
| STREET ADDRESS                       | s  |                                   | 1                       |                        | ADDRESS              |  |                                    |                                       | a few                  |                     |  |
| CITY - ST - ZIP                      |  |                                   | 5.4 CI                  |                        |                      |  |                                    |                                       |                        |                     |  |

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

COY-SI-ZIE

TITLE

NAME STREET ADDRESS

DELETE

**FILED** 

May 01 1997 8:00am

Secretary of State

Change

Addition