**FILED** 

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90119 021 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9500036170

QUALITY SERVICE LEADERSHIP, INC.

Principal Plac	e of Business	Mailing Address					·							
1160 N. FEDER	ral Highway	1160 N. FEDERAL HIGHWA	Y											
UNIT 1013	IE EL 20204	UNIT 1013 ET LAUDERDALE EL 23304					DO NOT WRITE IN THIS SPACE							
FT. LAUDERDALE FL 33304		FT. LAUDERDALE FL 33304				Į,	3 Date I	ncorporate						
						'		3/1995						
2" Principal P	lace of Business	2a, Mailing Address			·		4. FEI N						T A	plied For
	tago of desiress	26				1		597734					⊢+	t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		_								\$		Additional
22		27				) :	5. Certif:	ate of Stat	us Desi	red			Fee R	e quired
City & Stat	le	City & State					s. Electi:	on Campaig	n Finar	cing			55.00	May Be
23		28				{ }		Fund Contr	-	Ü				to Fees
Zip	Country	Zip	Cou	ntry			B. This (	orporation -	owes th	e curre	nt year	Intangit	ie	
24	25	29	30			{ }		nal Propert			•	Ū,		<b>⊡</b> 46 _
	9. Name and Address of Current	Registered Agent				10	0. Name	and Addr	ess of	New R	egister	ed Age	nt	
<del>_</del>				81	Name									
	ss, barbara d			82	Street /	Address	(D.O. Bo	x Number i	e Not A	ccental	ole)			
1160	) N. FEDERAL HIGHWAY		[	02	Sireer	Address	(F.O. BU	Y MARIINGI I	2 IVUL A	cceptai	ole į			
UNII	T 1013			83										
FT. 1	LAUDERDALE FL 33304			Ц.									1 5	
			ì	84	City						F	. 8	Zip	Code
11. Pursuant	to the provisions of Sections 607.050.2	and 607.1508, Florida Statut	es, the at	bove-	named o	c orporati	on subm	ts this stat	ement f	or the p	ourpose	of char	ging it	registered
office or r agent. I a	registered agent, or both, in the State o am familiar with, and accept the obligation	of Florida. Such change was a ons of, Section 607.0505, F o	uthorized rida Statu	i by ti utes.	ne corpo	oration's	board of	directors. 1	ement f hereby	or the paccept	ine ap	of char pointme	ging it nt as r	s registered egistered
office or r	registered agent, or both, in the State or m familiar with, and accept the obligation of familiar with a state or some state or some state or some of registered agents.	ons of, Such change was a ons of, Section 607.0505, Fo	uthorized rida Statu Registered	i by ti utes.	ne corpo	oration's	n reinstating	orectors. 1	nereby	accept	DATE	DOMINE	m as r	ețiistei eu
office or r agent. I a SIGNATURE	registered agent, or both, in the State or imfamiliar with, and accept the obligation of signature, typed or printed in the of registered agenore.  OFFICERS AN	ons of, Section 607.0505, F of and title if applicable (NO E)	rida Statu Registered	Agent	ne corpo	oration's	n reinstating	directors. 1	nereby	accept	DATE	AND D	RECT	DIRS IN 12
office or r agent. I a SIGNATURE	registered agent, or both, in the State or imfamiliar with, and accept the obligation of signature, typed or printed nome of registered agenomy of the printed not registered not registered agenomy of the printed not registered not reg	ons of, Such change was a ons of, Section 607.0505, Fo	: Registered	Agent	ne corpo	oration's	n reinstating	orectors. 1	nereby	accept	DATE	AND D	m as r	ețiistei eu
office or r agent. I a SIGNATURE	registered agent, or both, in the State or am familiar with, and accept the obligation of registered agen of FICERS AN DOSS, BARBARA D	ons of, Section 607.0505, F of and title if applicable (NO E)	rida Statu Registered	Agent	ne corpo	oration's	n reinstating	orectors. 1	nereby	accept	DATE	AND D	RECT	DIRS IN 12
office or ragent. I a SIGNATURE  12.	registered agent, or both, in the State or am familiar with, and accept the obligation of registered agen.  OFFICERS AND MOSS, BARBARA D  1160 N. FEDERAL HIGHWAY	ons of, Section 607.0505, F of and title if applicable (NO E)	: Registered 13. 1.1 TIT	Agent TUE	ne corpo	oration's	n reinstating	orectors. 1	nereby	accept	DATE	AND D	RECT	DIRS IN 12
office or ragent. I a SIGNATURE  12. TITLE NAME	registered agent, or both, in the State or maintain with, and accept the obligation of registered agen.  Signature, typed or printed nome of registered agen.  OFFICERS AN DEPT. The control of the contr	ons of, Section 607.0505, F o	: Registered 13. 1.1 TIT 1.2 NA	Agent TUE	signature re	oration's	n reinstating	orectors. 1	nereby	accept	DATE	AND D	RECT Change	DIRS IN 12
office or ragent. I a SIGNATURE  12.  TITLE  NAME  STREET ADDRI SS	registered agent, or both, in the State or am familiar with, and accept the obligation of registered agen.  OFFICERS AND MOSS, BARBARA D  1160 N. FEDERAL HIGHWAY	ons of, Section 607.0505, F of and title if applicable (NO E)	: Registered 13. 1.1 TIT 1.2 NA	Agent  Agent  LE  ME  REET /	signature re	oration's	n reinstating	orectors. 1	nereby	accept	DATE	AND D	RECT	DIRS IN 12
office or ragent. I a SIGNATURE  12.  TITLE  NAME  STREET ADDRI SS  CITY-ST-ZIP	signature, typed or printed n. me of registered agen OFFICERS AN DIEST MOSS, BARBARA D	ons of, Section 607.0505, F o	Registered 13. 1.1 Till 1.2 NA 1.3 ST 1.4 Cill	Agent TLE TY-ST-	signature re	oration's	n reinstating	orectors. 1	nereby	accept	DATE	AND D	RECT Change	DIRS IN 12
office or ragent. I a SIGNATURE  12.  ITILE  NAME  STREET ADDRI SS  CITY-ST-ZIP  TITLE	pregistered agent, or both, in the State or familiar with, and accept the obligation of the printed in the prin	ons of, Section 607.0505, F o	Registered 13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.2 NA	Agent TLE TME TY-ST- TLE TME	signature re	oration's	n reinstating	orectors. 1	nereby	accept	DATE	AND D	RECT Change	DIRS IN 12
office or ragent. I a SIGNATURE  12.  TITLE NAME STREET ADDRI SS CITY-ST-ZIP TITLE NAME:	registered agent, or both, in the State or maintain with, and accept the obligation of registered agen.  Signature, typed or printed n. me of registered agen.  OFFICERS AN INTERPOLATION OF THE I	ons of, Section 607.0505, F o	Registered 13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.2 NA 2.3 ST	Agent TLE TME TY-ST- TLE TME	signature re ADDRESS ADDRESS	oration's	n reinstating	orectors. 1	nereby	accept	DATE	AND D	RECT Change	DIRS IN 12 Addition
office or ragent. I a signature  12. Title NAME STREET ADDRI SS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	pregistered agent, or both, in the State or familiar with, and accept the obligation of the printed in the prin	ons of, Section 607.0505, F o	Registered 13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.2 NA 2.3 ST	Agent  Ag	signature re ADDRESS ADDRESS	oration's	n reinstating	orectors. 1	nereby	accept	DATE	AND D	RECT Change	DIRS IN 12
office or ragent. I a signature  12. Title NAME STREET ADDRI SS CITY-ST-ZIP TITLE NAME: STREET ADDRE SS CITY-ST-ZIP	pregistered agent, or both, in the State or familiar with, and accept the obligation of the printed in the prin	ons of, Section 607.0505, F o	Registered 13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.2 NA 2.3 ST 2.4 CIT 2.4 CIT 2.4 CIT 2.5 CIT 2.7	Agent  Agent  TLE  ME  TY-ST- TLE  ME  REET /  TTY-ST- TLE	signature re ADDRESS ADDRESS	oration's	n reinstating	orectors. 1	nereby	accept	DATE	AND D	RECT Change	DIRS IN 12 Addition
office of ragent. I a signature  12.  TITLE  NAME  STREET ADDRI SS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	registered agent, or both, in the State or familiar with, and accept the obligation of the provided registered agen.  Signature, typed or printed in, me of registered agen.  OFFICERS AN INTERMEDIATE OF THE PROVIDED AND INTERMEDIATE FL 33304  D MOSS, JACK L  1160 N. FEDERAL HIGHWAY  FT. LAUDERDALE FL 33304	ons of, Section 607.0505, F o	Registered   13.   1.1 TIT   1.2 NA   1.3 ST   1.4 CIT   2.2 NA   2.3 ST   2.4 CIT   3.2 NA	Agent  Agent  TLE  MME  REET /  ITY-ST-  ILE  MME  REET /  ITY-ST  ILE  MME	signature re  ADDRESS ADDRESS	oration's	n reinstating	orectors. 1	nereby	accept	DATE	AND D	RECT Change	DIRS IN 12 Addition
office of agent. I a signature 12.  TITLE  NAME  STREET ADDR! SS  CITY-ST-ZIP  TITLE  NAME:  STREET ADDR! SS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME	registered agent, or both, in the State or familiar with, and accept the obligation of the provided registered agen.  Signature, typed or printed in, me of registered agen.  OFFICERS AN INTERMEDIATE OF THE PROVIDED AND INTERMEDIATE FL 33304  D MOSS, JACK L  1160 N. FEDERAL HIGHWAY  FT. LAUDERDALE FL 33304	ons of, Section 607.0505, F o	Registered   13.   1.1 Till   1.2 NA   1.3 ST   1.4 CIll   2.2 NA   2.3 ST   2.4 CIL   3.2 NA   3.3 ST   3.2 NA   3.3 ST   3.2 NA   3.3 ST   3.5 Tid   3.5	Agent  Agent  TLE  MME  REET /  ITY-ST-  ILE  MME  REET /  ITY-ST  ILE  MME	signature re  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS	oration's	n reinstating	orectors. 1	nereby	accept	DATE	AND D	RECT Change	ORS IN 12 Addition Addition
office of agent. I a agent. I a agent. I a signature  12.  TITLE  NAME  STREET ADDR! SS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	registered agent, or both, in the State or familiar with, and accept the obligation of the provided registered agen.  Signature, typed or printed in, me of registered agen.  OFFICERS AN INTERMEDIATE OF THE PROVIDED AND INTERMEDIATE FL 33304  D MOSS, JACK L  1160 N. FEDERAL HIGHWAY  FT. LAUDERDALE FL 33304	ons of, Section 607.0505, F o	Registered   13.   1.1 Till   1.2 NA   1.3 ST   1.4 CIll   2.2 NA   2.3 ST   2.4 CIL   3.2 NA   3.3 ST   3.2 NA   3.3 ST   3.2 NA   3.3 ST   3.5 Tid   3.5	Agent  Agent  TLE  MME  REET /  ITY-ST-  TLE  MME  REET /  REET /  TTY-ST	signature re  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS	oration's	n reinstating	orectors. 1	nereby	accept	DATE	AND D	RECT Change	DIRS IN 12 Addition
office of agent. I a signature 12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME:  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP	registered agent, or both, in the State or familiar with, and accept the obligation of the provided registered agen.  Signature, typed or printed in, me of registered agen.  OFFICERS AN INTERMEDIATE OF THE PROVIDED AND INTERMEDIATE FL 33304  D MOSS, JACK L  1160 N. FEDERAL HIGHWAY  FT. LAUDERDALE FL 33304	ons of, Section 607.0505, F o  and title if applicable (NO E  D DIRECTORS  DELETE  DELETE	Registered   13.   1.1 Till   1.2 NA   1.3 ST   1.4 CIll   2.2 NA   2.3 ST   2.4 CIll   3.2 NA   3.3 ST   3.4 CIll   3.	Agent  Ag	signature re  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS	oration's	n reinstating	orectors. 1	nereby	accept	DATE	AND D	RECT Change	ORS IN 12 Addition Addition
Office of agent. I a signature 12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	registered agent, or both, in the State or familiar with, and accept the obligation of the provided registered agen.  Signature, typed or printed in, the of registered agen.  OFFICERS AN OFFICERS AND OFF	ons of, Section 607.0505, F o  and title if applicable (NO E  D DIRECTORS  DELETE  DELETE	### In the control of	Agent  Ag	signature re  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS	oration's	n reinstating	orectors. 1	nereby	accept	DATE	AND D	RECT Change	ORS IN 12 Addition Addition
Office of ragent. I a signature  12. Title  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	registered agent, or both, in the State or familiar with, and accept the obligation of the provided registered agen.  Signature, typed or printed in, the of registered agen.  OFFICERS AN OFFICERS AND OFF	ons of, Section 607.0505, F o  and title if applicable (NO E  D DIRECTORS  DELETE  DELETE	## 13. ## 1.1 ## 1.2 NA ## 1.3 ST ## 1.4 CI ## 1.5 ST ##	Agent  Ag	signature re  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP	oration's	n reinstating	orectors. 1	nereby	accept	DATE	AND D	RECT Change	ORS IN 12 Addition Addition
Office of ragent. I a signature  12. Title  NAME  STREET ADDRESS  CITY-ST-ZIP	registered agent, or both, in the State or familiar with, and accept the obligation of the provided registered agen.  Signature, typed or printed in, the of registered agen.  OFFICERS AN OFFICERS AND OFF	ons of, Section 607.0505, F o  and title if applicable (NO E  D DIRECTORS  DELETE  DELETE	## 13. ## 1.1 ## 1.2 NA ## 1.3 ST ## 1.4 CI ## 1.5 ST ##	Agent  Agent  LE  Agent  LE  MME  REET /  ITY-ST  LE  REET /  REET /  REET /  REET /  REET /  TY-ST  LE  AME  REET /  TY-ST  TLE  TY-ST  TLE  TY-ST	signature re  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP	oration's	n reinstating	orectors. 1	nereby	accept	DATE	AND D	RECT Change	ORS IN 12 Addition Addition
Office of ragent. I a SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	registered agent, or both, in the State or familiar with, and accept the obligation of the provided registered agen.  Signature, typed or printed in, the of registered agen.  OFFICERS AN OFFICERS AND OFF	ons of, Section 607.0505, F o  and title if applicable (NO E  D DIRECTORS  DELETE  DELETE  DELETE	13.   1.1 TIT   2.2 NA   2.3 ST   2.4 CI   3.4 CI   3.4 CI   4.2 NA   4.3 ST   4.4 CI   4.3 ST   4.4	Agent  Agent  LE  Agent  LE  MME  REET /  ITY-ST  LE  AME  REET /  REET /  TY-ST  LE  AME  REET /  TY-ST  LE  TY-ST  LE  TY-ST  LE  TY-ST  LE	signature re  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP	oration's	n reinstating	orectors. 1	nereby	accept	DATE	AND D	RECT Change Change	RS IN 12 Addition Addition
Office of ragent. I a signature  12.  17.  ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	registered agent, or both, in the State or familiar with, and accept the obligation of federal with the state of familiar with, and accept the obligation of federal with the original of the obligation of federal with the original of the obligation of federal with the obligation	ons of, Section 607.0505, F o  and title if applicable (NO E  D DIRECTORS  DELETE  DELETE  DELETE	### In the control of	Agent  Agent  TUE  MME  REET /  ITY-ST-  TUE  MME  REET /  REET /  TUE  AME  REET /  TUE  TUE  TUE  TUE  TUE  TUE  TUE  TU	signature re  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP	oration's	n reinstating	orectors. 1	nereby	accept	DATE	AND D	RECT Change Change	RS IN 12 Addition Addition
Office of ragent. I a signature  12. Title  NAME  STREET ADDRI SS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRE SS	registered agent, or both, in the State or familiar with, and accept the obligation of federal with the state of familiar with, and accept the obligation of federal with the original of the obligation of federal with the original of the obligation of federal with the obligation	ons of, Section 607.0505, F o  and title if applicable (NO E  D DIRECTORS  DELETE  DELETE  DELETE	### 13.  1.1 TIT  1.2 NA  1.3 ST  1.4 CIT  2.2 NA  2.3 ST  2.4 CIT  3.2 NA  3.3 ST  3.4 CIT  4.2 NA  4.3 ST  4.4 CIT  5.2 NA  5.3 ST	Agent  Agent  Agent  TLE  MME  REET /  ITY-ST-  ILE  MME  REET /  ITY-ST-  ILE  AME  REET /  ITY-ST-  ILE  AME  REET /  REET /	signature re  ACDRESS  ZIP  ADDRESS  - ZIP  ADDRESS  - ZIP  ADDRESS  - ZIP  ADDRESS  - ZIP	oration's	n reinstating	orectors. 1	nereby	accept	DATE	AND D	RECT Change Change	RS IN 12 Addition Addition
Office of ragent. I a signature  12.  17.  ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	registered agent, or both, in the State or familiar with, and accept the obligation of federal with the state of familiar with, and accept the obligation of federal with the original of the obligation of federal with the original of the obligation of federal with the obligation	ons of, Section 607.0505, F o  and title if applicable (NO E  D DIRECTORS  DELETE  DELETE  DELETE	### 13.  1.1 TIT  1.2 NA  1.3 ST  1.4 CIT  2.2 NA  2.3 ST  2.4 CIT  3.2 NA  3.3 ST  3.4 CIT  4.2 NA  4.3 ST  4.4 CIT  5.2 NA  5.3 ST	Agent / LE REET	signature re  ACDRESS  ZIP  ADDRESS  - ZIP  ADDRESS  - ZIP  ADDRESS  - ZIP  ADDRESS  - ZIP	oration's	n reinstating	orectors. 1	nereby	accept	DATE	AND D	RECT Change Change	RS IN 12 Addition Addition

CITY-ST-ZIP 14. I 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 ε innual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I εm 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, with all other like empowered.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

STREET ADDRESS

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR