

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 27, 2004 8:00 am**  
**Secretary of State**

05-27-2004 90329 001 \*\*\*450.00

**DOCUMENT # P95000042004**

1. Entity Name  
**FLORIDA QUALITY ENTERPRISES, INC.**



Principal Place of Business  
**3120 NW 16TH TERRACE  
POMPANO BEACH, FL 33064**

Mailing Address  
**3120 NW 16TH TERRACE  
POMPANO BEACH, FL 33064**

00424001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05212004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**65-0593481**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADAK, TOLGA  
3120 NW 16TH TERRACE  
POMPANO BEACH, FL 33064**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME ADAK, TOLGA  
STREET ADDRESS 3120 NW 16TH TERRACE  
CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE Vice President ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VST ☐ Delete  
NAME KOLUK, MAHMUT  
STREET ADDRESS 3120 NW 16TH TERRACE  
CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE Vice President ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE President ☐ Change ☒ Addition  
NAME Adak, Guney  
STREET ADDRESS 3120 NW 16th Terr.  
CITY-ST-ZIP Pompano Bch, FL 33064

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Chairman ☐ Change ☒ Addition  
NAME Adak, Aydin  
STREET ADDRESS 3120 NW 16th Terr  
CITY-ST-ZIP Pompano Bch, FL 33064

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**AYDIN ADAK**

5.24.2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #