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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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May 09 1997 8:00am

Secretary of State

0472941

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000043142 (5)

QUALITY AFFORDABLE CONSTRUCTION, INC.

Maiting Address Principal Place of Business 5059 SOUTHEAST LISBON CIRCLE 5059 SOUTHEAST LISBON CIRCLE STUART FL 34997 STUART FL 34997-6708 3. Date Incorporated or Qualified 3a. Date of Last Report 06/06/1995 05/01/1996 4. FEI Number 2a. Mailing Address 2. Principal Flace of Business Applied For 65-0585078 26 Not Applicable 21 Suite, Apt. #, etc. Surle, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be **Trust Fund Contribution** Added to Fees 23 28 Country Country 8. This corporation has liability for intangible tax under s. 199.032, 30 Yes 🗌 No Florida Statutes 24 29 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 81 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 City Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607,0505, Florida Statutes. Styrrigizer (great or printed name of registered agern and tile if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12. OFFICERS AND DIRECTORS 13. PSTD. DELETE Change Addition 1.1.7ITLE THE WOOLLEY, DOUGLAS RAY 1.2 NAME W WOODHAM ST. **5050 SOUTHEAST LISBON CIRCLE** 1.3 STREET ADDRESS STREET ADDRESS STUART FL 34007 1.4 CITY - S1 - ZIP CHY-51-ZIP Addition Change DELETE 2.1 TITLE THE 2.2 NAME MAM 2.3 STREET ADDRESS STREET ADDRESS CITY -ST-ZIP 2 4 City-ST-ZIP DELETE Change Addition 3.1 TITLE THE 3.2 NAME NAMI STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP City - St - ZiP , III DELETE Change Addition 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS **CASELI ADDRESS** 4.4 CITY - ST-7IP COY-\$1-20 Change DELETE Addition 5.1 TITLE 1616 5.2 NAME NAM-STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY - ST - ZIP CHY ST-74° DELETE Change ■ Addition 6.1 TITLE THLE NAM{ 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP City - St - ZIP

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

FICER OR DIRECTOR