CORPORATION ANNUAL REPORT 1999	Kath Secret	PARTMENT OF STATE erine Harris etary of State OF CORPORATIONS	FILED Jun 10, 1999 8:00 am Secretary of State 06-10-1999 90047 011 ***150.00		
OCUMENT # P9500 Corporation Name Quality Quest E	00074187 Interprises/2	Enc.			
cipal Place of Business 5086 S. Universit Davie, FL 3332	<u> </u>		DO NOT WRITE IN TH	HS SPACE	
Davie, PC 3552	-0		3. Date Incorporated or Qualifed		_]
Principal Place of Business 5086 S. University	2a. Mailing Address	•	4. FEI Number 65-0609307	Applied For Not Applica	ole
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
Davie FL	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
33328 25 (1.S.A.	Zip 29	Country 30	8. This corporation owes the current year Personal Property Tax.	Intangible Yes	
9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Registere	ed Agent	
Holly Swanson 5086 S. Univer Davie, FL 33	rsity Dr.	82 Street Add	Iress (P.O. Box Number is Not Acceptable)		
DAVID FL 32	3328	83		85 Zip Code	
	\frown	84 City	poration submits this statement for the purpose		3
Pursuant to the provisions of Sections 607.0 office or registered agent, of beth, in the Sta agent. I am familiar with and accept the but	\frown		poration submits this statement for the purpose ion's board of directors. I hereby accept the app		E E
Pursuant to the provisions of sections 60% 0 office or registered agent, of beth, in the Sta agent. I am familiar with and accept the built NATURE	502 prid 607.1508, Florida Sta te a Florida. Such change wa gations of, Section 607.0505, Control to the flappicable (Ni	tutes, the above-named cor s authorized by the corporat Florida Statutes.	poration submits this statement for the purpose ion's board of directors. I hereby accept the app ()/)/ ed when reinstatung)	of changing its registered	
Pursuant to the provisions of Sections 604.0 office or registered agent, scheth, in the Sta agent. I am familiar with and accept the built NATURE Signame typed or ponted pane of registered a OFFICERS	502 and 607.1508, Florida Sta te of Florida. Such change wa gations of, Section 607.0505, JOULON Segnt and tille if applicable (Nr AND DIRECTORS AMD JIRECTORS	tutes, the above-named cor s authorized by the corporat Florida Statutes.	poration submits this statement for the purpose ion's board of directors. I hereby accept the app 6/1/2	of changing its registered	
Pursuant to the provisions of Sections 604.0 office or registered agent, short, in the Sta agent. I am familiar with and accept the build NATURE Signature: yead or ponted pathe of registered a OFFICERS Nessident, Secret	502 prid 607.1508, Florida Sta 502 prid 607.1508, Florida Sta gations of, Section 607.0505, <i>Journal Web State</i> (Ne AND DIRECTORS My TILD. DELETE	tutes, the above-named cor s authorized by the corporat Florida Statutes. DTE: Registered Agent signature requir 13.	poration submits this statement for the purpose ion's board of directors. I hereby accept the app ()/)/ ed when reinstatung)	of changing its registered pointment as registered 2 AND DIRECTORS IN 12	
Pursuant to the provisions of Sections 604.0 office or registered agent, short, in the Sta agent. I am familiar with and accept the build NATURE Signature: yead or ponted pathe of registered a OFFICERS Nessident, Secret	502 prid 607.1508, Florida Sta 502 prid 607.1508, Florida Sta gations of, Section 607.0505, <i>Journal Web State</i> (Ne AND DIRECTORS My TILD. DELETE	tutes, the above-named cor s authorized by the corporat Florida Statutes. DTE: Registered Agent signature requir 13. 1.1 TITLE	poration submits this statement for the purpose ion's board of directors. I hereby accept the app ()/)/ ed when reinstatung)	of changing its registered pointment as registered 2 AND DIRECTORS IN 12	tion FC
Pursuant to the provisions of Sections 604.0 office or registered agent, Sperti, in the Sta agent. I am familiar with anglaccept the bulk Signature, yead or ponted pathe of registered a OFFICERS Holly, Swanson Holly, Swanson Stables, FL 333	502 and 607.1508, Florida Sta te of Florida. Such change wa gations of, Section 607.0505, <u>JUNION</u> Magent and tulle if applicable (NU AND DIRECTORS MM J. TAKA. DELETE 5, ty Dr.	tutes, the above-named cor s authorized by the corporat Florida Statutes. DTE: Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	poration submits this statement for the purpose ion's board of directors. I hereby accept the app ()/)/ ed when reinstatung)	AND DIRECTORS IN 12	
Pursuant to the provisions of sections 60% 0 office or registered agent, of betti, in the Sta agent. I am familiar with and accept the build Signame, schoor ponted pane of registered a OFFICERS President, Secret Holly Swanson ET ADDRESS 5086 S. Univer ST-ZIP Davie, PL 333	502 prid 607.1508, Florida Sta 502 prid 607.1508, Florida Sta gations of, Section 607.0505, <i>Journal Web State</i> (Ne AND DIRECTORS My TILD. DELETE	tutes, the above-named cor s authorized by the corporat Florida Statutes. DTE: Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	poration submits this statement for the purpose ion's board of directors. I hereby accept the app ()/)/ ed when reinstatung)	of changing its registered pointment as registered 2 AND DIRECTORS IN 12	tion to Loca
Pursuant to the provisions of Sections 60% 0 office or registered agent, of betti, in the Sta agent. I am familiar with anglacept the built Signame, Joho or ponted pathe of registered a OFFICERS President, Secret Holly Swanson ST-ZIP Davie, FL 333	502 and 607.1508, Florida Sta te of Florida. Such change wa gations of, Section 607.0505, <u>JUNION</u> Magent and tulle if applicable (NU AND DIRECTORS MM J. TAKA. DELETE 5, ty Dr.	tutes, the above-named cor s authorized by the corporat Florida Statutes. DTE: Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	poration submits this statement for the purpose ion's board of directors. I hereby accept the app ()/)/ ed when reinstatung)	AND DIRECTORS IN 12	tion
Pursuant to the provisions of Sections 60% 0 office or registered agent, of bettin, in the Sta agent. I am familiar with anglacept the built Signame Types or ponted pathe of registered a OFFICERS President, Secret Ho III, Swanson ET ADDRESS 5086 S. Univer ST-ZIP Davie, FL 333	502 and 607.1508, Florida Sta te of Florida. Such change wa gations of, Section 607.0505, <u>JUNION</u> Magent and tulle if applicable (NU AND DIRECTORS MM J. TAKA. DELETE 5, ty Dr.	tutes, the above-named cor s authorized by the corporat Florida Statutes. DTE: Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	poration submits this statement for the purpose ion's board of directors. I hereby accept the app ()/)/ ed when reinstatung)	AND DIRECTORS IN 12	tion to Loca
Pursuant to the provisions of Sections 60% 0 office or registered agent, of betti, in the Sta agent. I am familiar with anglacept the built Signame, Joho or ponted pathe of registered a OFFICERS President, Secret Holly Swanson ST-ZIP Davie, FL 333	502 and 607.1508, Florida Sta te of Florida. Such change wa gations of, Section 607.0505, <u>JUNION</u> Magent and tulle if applicable (NU AND DIRECTORS MM J. TAKA. DELETE 5, ty Dr.	tutes, the above-named cor s authorized by the corporat Florida Statutes. TE: Registered Agent signature requin 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	poration submits this statement for the purpose ion's board of directors. I hereby accept the app ()/)/ ed when reinstatung)	AND DIRECTORS IN 12	tion tion
Pursuant to the provisions of Sections 60% 0 office or registered agent, of bettin, in the Sta agent. I am familiar with anglacept the built Signame Todo or ponted pathe of registered a OFFICERS President, Secret Holly, Swanson ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	502 phd 607.1508, Florida Sta te of Florida. Such change wa gations of, Section 607.0505,	tutes, the above-named cor s authorized by the corporat Florida Statutes. TE: Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST-ZIP	poration submits this statement for the purpose ion's board of directors. I hereby accept the app ()/)/ ed when reinstatung)	AND DIRECTORS IN 12 Change Add	tion tion
Pursuant to the provisions of Sections 60% 0 office or registered agent, of bettin, in the Sta agent. I am familiar with anglacept the build Signature Types or printed pathe of registered a OFFICERS President, Secret Holly, Swanson ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	502 prid 607.1508, Florida Sta te of Florida. Such change wa gations of, Section 607.0505,	tutes, the above-named cor s authorized by the corporat Florida Statutes. STE: Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	poration submits this statement for the purpose ion's board of directors. I hereby accept the app ()/)/ ed when reinstatung)	AND DIRECTORS IN 12 Change Add	tion tion
Pursuant to the provisions of sections 60% 0 office or registered agent, of beth, in the Sta agent. I am familiar with englace of the bold Signature types or printed partie of registered a OFFICERS President, Secret Holly, Swanson ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	SO2 prid 607.1508, Florida Sta te of Florida. Such change wa gations of, Section 607.0505, www.memory.of. AND DIRECTORS wy TALO. DELETE 5, ty Dr. DELETE DELETE	tutes, the above-named cor s authorized by the corporat Florida Statutes.	poration submits this statement for the purpose ion's board of directors. I hereby accept the app ()/)/ ed when reinstatung)	Image: Change in the second	tion tion
Pursuant to the provisions of sections 60% 0 office or registered agent of beth, in the Sta agent. I am familiar with englacept the build NATURE Signature types of ponied pathe of registered a OFFICERS, President, Secret Holly, Swanson ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	502 prid 607.1508, Florida Sta te of Florida. Such change wa gations of, Section 607.0505,	tutes, the above-named cor s authorized by the corporat Florida Statutes.	poration submits this statement for the purpose ion's board of directors. I hereby accept the app ()/)/ ed when reinstatung)	AND DIRECTORS IN 12 Change Add	tion tion
Pursuant to the provisions of sections 60% 0 office or registered agent of beth, in the Sta agent. I am familiar with englacept the bold NATURE Signature typed or printed pathe of registered a OFFICERS / Dres Ident, Sec. 14 Ho IL, Swanson ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	SO2 prid 607.1508, Florida Sta te of Florida. Such change wa gations of, Section 607.0505, www.memory.of. AND DIRECTORS wy TALO. DELETE 5, ty Dr. DELETE DELETE	tutes, the above-named cor s authorized by the corporat Florida Statutes.	poration submits this statement for the purpose ion's board of directors. I hereby accept the app ()/)/ ed when reinstatung)	Image: Change in the second	tion tion
Pursuant to the provisions of sections 60% 0 office or registered agent, substitution of the Sta agent. I am familiar with singlacept the build NATURE Signature: 5000 or pointed pathe of registered a OFFICERS / Dres I dent, Sec. 11 Ho III, Swanson ST-ZIP Davie, PL 333 ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	SO2 prid 607.1508, Florida Sta te of Florida. Such change wa gations of, Section 607.0505, www.memory.of. AND DIRECTORS wy TALO. DELETE 5, ty Dr. DELETE DELETE	tutes, the above-named cor s authorized by the corporat Florida Statutes. DTE: Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	poration submits this statement for the purpose ion's board of directors. I hereby accept the app ()/)/ ed when reinstatung)	Image: Change in the second	tion
Pursuant to the provisions of sections 60% 0 office or registered agent, of beth, in the Sta agent. I am familiar with find accept the but NATURE Signame, typed or printed pathe of registered a OFFICERS / Dresident, Secricit Ho III, Swanson ST-ZIP Davie, PL 333 ST-ZIP ET ADDRESS ST-ZIP	SO2 prid 607.1508, Florida Sta te of Florida. Such change wa gations of, Section 607.0505, www.memory.of. AND DIRECTORS wy TALO. DELETE 5, ty Dr. DELETE DELETE	tutes, the above-named cor s authorized by the corporat Florida Statutes.	poration submits this statement for the purpose ion's board of directors. I hereby accept the app ()/)/ ed when reinstatung)	Image: Change in the second	tion tion
Pursuant to the provisions of sections 60% 0 office or registered agent, substitution of the Sta agent. I am familiar with singlacept the built NATURE Signature: 5000 or ponted pathe of registered a OFFICERS / Dres I dent, Sec. 11 Ho III, Swanson ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	502 prid 607.1508, Florida Sta te of Florida. Such change wa gations of, Section 607.0505, ward twie if applicable (NU AND DIRECTORS wy j TALO: DELETE 5, ty Dr. 2.8 DELETE DELETE	tutes, the above-named cor s authorized by the corporat Florida Statutes. DTE: Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	poration submits this statement for the purpose ion's board of directors. I hereby accept the app ()/)/ ed when reinstatung)	L	tion tion
Pursuant to the provisions of sections 60% 0 office or registered agent, of beth, in the Sta agent. I am familiar with dividial copit the but Signature, typed or printed paths of registered a OFFICERS / Wrest ident, Secricit Ho IIL Swanson ST ADDRESS ST-ZIP TADDRESS ST-ZIP	502 prid 607.1508, Florida Sta te of Florida. Such change wa gations of, Section 607.0505, ward twie if applicable (NU AND DIRECTORS wy j TALO: DELETE 5, ty Dr. 2.8 DELETE DELETE	tutes, the above-named cor s authorized by the corporat Florida Statutes.	poration submits this statement for the purpose ion's board of directors. I hereby accept the app ()/)/ ed when reinstatung)	L	tion
Pursuant to the provisions of sections 60%.0 office or registered agent, of beth, in the Sta agent. I am familiar with endlacept the but NATURE Signame, typed or printed paths of registered a OFFICERS / President, Secret Ho II, Swanson ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS	502 prid 607.1508, Florida Sta te of Florida. Such change wa gations of, Section 607.0505, ward twie if applicable (NU AND DIRECTORS wy j TALO: DELETE 5, ty Dr. 2.8 DELETE DELETE	tutes, the above-named cor s authorized by the corporat Florida Statutes.	poration submits this statement for the purpose ion's board of directors. I hereby accept the app ()/)/ ed when reinstatung)	L	tion tion
Pursuant to the provisions of sections 60% 0 office or registered agent of beth, in the Sta agent. I am familiar with englacept the build NATURE Signature types of ponied pathe of registered a OFFICERS, President, Secret Holly, Swanson ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	502 prid 607.1508, Florida Sta te of Florida. Such change wa gations of, Section 607.0505, ward twie if applicable (NU AND DIRECTORS wy j TALO: DELETE 5, ty Dr. 2.8 DELETE DELETE	tutes, the above-named cor s authorized by the corporat Florida Statutes. DTE: Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	poration submits this statement for the purpose ion's board of directors. I hereby accept the app ()/)/ ed when reinstatung)	L	tion tion
Pursuant to the provisions of sections 60% 0 office or registered agent, substitution of the Sta agent. I am familiar with singlacept the built NATURE Signature: 30 ad or pointed pathe of registered a OFFICERS / President, Secricit Ho III, Swanson ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	502 prid 607.1508, Florida Sta te of Florida. Such change wa gations of, Section 607.0505, wgent and title if applicable (NU AND DIRECTORS Tany ; TALO. DELETE 5.74 Dr. 2.8 DELETE DELETE	tutes, the above-named cor s authorized by the corporat Florida Statutes.	poration submits this statement for the purpose ion's board of directors. I hereby accept the app ()/)/ ed when reinstatung)	L	tion tion
Pursuant to the provisions of sections 60%.0 office or registered agent, effective agent, in the Sta agent. I am familiar with endlacept the but NATURE Signame: Typed or printed paths of registered a OFFICERS / President, Secret Ho II, Swanson ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	502 prid 607.1508, Florida Sta te of Florida. Such change wa gations of, Section 607.0505, wgent and title if applicable (NU AND DIRECTORS Tany ; TALO. DELETE 5.74 Dr. 2.8 DELETE DELETE	tutes, the above-named cor s authorized by the corporat Florida Statutes. DTE: Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	poration submits this statement for the purpose ion's board of directors. I hereby accept the app ()/)/ ed when reinstatung)	L	tion tion
Pursuant to the provisions of Sections 60% 0 office or registered agent, of bettin, in the Sta agent. I am familiar with englacept the built Signature Types or printed parties of registered a OFFICERS President, Secret Ho III, Swanson ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS	502 prid 607.1508, Florida Sta te of Florida. Such change wa gations of, Section 607.0505, wgent and title if applicable (NU AND DIRECTORS Tany ; TALO. DELETE 5.74 Dr. 2.8 DELETE DELETE	tutes, the above-named cor s authorized by the corporat Florida Statutes. DTE: Registered Agent signature requir 13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	poration submits this statement for the purpose ion's board of directors. I hereby accept the app ()/)/ ed when reinstatung)	L	tion tion
Pursuant to the provisions of Sections 60 ⁴ .0 office or registered agent, of betti, in the Sta agent. I am familiar with englacept the build Signature Types or printed parties of registered a OFFICERS President, Secret Ho III, Swanson ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	502 prid 607. 1508, Florida State of Florida. Such change wa gettions of, Section 607.0505,	tutes, the above-named cor s authorized by the corporat Florida Statutes. TTE: Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	poration submits this statement for the purpose ion's board of directors. I hereby accept the app ()/)/ ed when reinstatung)	L of changing its registered pointment as registered 2 2 AND DIRECTORS IN 12 Change Add	tion tion tion