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

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600001689 (4)

QUALITY BUILDING & REPAIRS, INC.

Principal Place of Business Mailing Address 213 S.W. SEVENTH AVENUE 213 S.W. SEVENTH AVENUE BOYNTON BEACH FL 33435-5525 **BOYNTON BEACH FL 33435** 3. Date Incorporated or Qualified 3a, Date of Last Report 12/29/1995 02/22/1996 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0633655 Not Applicable 21 26 Suite, Apt. #, etc. Suite Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes X No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name ESPANET, CHRISTOPHER L 213 S.W. SEVENTH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33435** 83 84 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 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 96/6) 12. DELETE Change Addition 1.1 TITLE TITI F ESPANET, CHRISTOPHER L NAME 1.2 NAME 213 S.W. SEVENTH AVENUE 1.3 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33435** 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIE Addition DELETE 3.1 TITLE Change 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 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 appears in Block 12 or plack 13 if changed or on an attachment with an address.

SIGNATURE:

CITY-ST-ZIP

- Christopher Espanet 1-10-97 561-738-0634

FILED

Jan 21 1997 8:00am

Secretary of State