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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600001689 1. Corporation Name

FILED Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90130 030 ***150.00

QUALITY	r Building & Repairs, Inc	,							
Principal Plac	e of Business	Mailing Address			·	- I A RATERAL FIR INITA OUTH WITH ANDS ONEN ANDS	Obibi linia alifi	, IBII 1811 1881	
213 S.W. SEVE		213 S.W. SEVENTH AVEN	IJΕ						
BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435			-						
		•				DO NOT WRITE IN THIS	SPACE	 -	
						3. Date Incorporated or Qualifed			
						12/29/1995			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	 	pplied For	
21		26				65-0633655		ot Applicable Additional	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		equired	_
22		City & State				The first of the First order			ļ
City & Stat	e	City & State				6. Election Campaign Financing Trust Fund Contribution	•	May Be to Fees	
23 Zin	Country	28	Cou	intry		This corporation owes the current year In		10 1 000	
Zip	- 1 '	├ ┐ `	30	u y		Personal Property Tax.	Yes	□No	
24	9. Name and Address of Current	Registered Agent	30			10. Name and Address of New Registered			
	5. Nume and Addiess of Content	rrogioter ou rigorit		81 Na	me				
ESP.	anet, Christopher L			$ldsymbol{ld}}}}}}}}}$					
213 S.W. SEVENTH AVENUE				82 Str	eet Addre	ess (P.O. Box Number is Not Acceptable)			
BOY	NTON BEACH FL 33435			83					
									1
				84 City	/	FL	85 Zip	Code	
44 Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statu	ites the a	bove-nan	ned corpo	protion cubmits this statement for the nurnose of	f changing its	registered	١. ـ
office or r	egistered agent, or both, in the State o	f Florida. Such change was	authorized	a by the c	orporatio	n's board of directors. I hereby accept the appo	intment as re	gistered	-
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Fi	orida Stat	utes.		1-3	7/ 2	Qo	
SIGNATURE	Signature stored or printed name of redistered agent	and title if conficable (NOT	F Registered	Agent signa	ture required	when reinstating) DATE	V D B		6
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12	1/08
TITLE	D	☐ DELETE	1.1 TI	TLE			☐ Change	☐ Addition	Ξ
NAME	ESPANET, CHRISTOPHER L		1.2 N	AME				ļ	🛪
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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 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 Block 13 if chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE: X