

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000032764**

1. Corporation Name

QUALITY PROCESSING CENTER, INC.

Principal Place of Business
1851 WEST INDIANTOWN ROAD
SUITE 102
JUPITER FL 33458
US

Mailing Address
1851 WEST INDIANTOWN ROAD
SUITE 102
JUPITER FL 33458
US

FILED
Jul 06, 1999 8:00 am
Secretary of State

07-06-1999 90002 023 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1996

4. FEI Number

65-0666161

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KLAASSEN, DONNA R
12300 ALT. A1A
STE. 204
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name

MOLLIE LAMB

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

1851 W. INDIANTOWN Rd.

83

Suite 102

84

Jupiter

FL

85

Zip Code

33458

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/30/99

12. OFFICERS AND DIRECTORS

TITLE **VSD** ☒ DELETE
NAME **LAMB, MOLLIE**
STREET ADDRESS **12300 ALT. A1A, SUITE 204**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE ☐ DELETE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRES. SECT. TREASURER** ☒ Change ☐ Addition
1.2 NAME **LAMB, MOLLIE**
1.3 STREET ADDRESS **1851 W. INDIANTOWN Rd. Suite 102**
1.4 CITY-ST-ZIP **JUPITER, FL 33458**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address.

SIGNATURE: **MOLLIE LAMB**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/99 561-742-5300
Date Daytime Phone #

CR2E034 (5/99)

0080577

QUALITY PROCESSING CENTER, INC.
INDEPENDENT MORTGAGE PROCESSING

P96000032764
581623-90002-23

June 30, 1999

Florida Department of State
Katherine Harris
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Katherine Harris,

RE: ANNUAL REPORT FILING - QUALITY PROCESSING CENTER, INC.

I am attaching our check for the standard amount of One hundred fifty dollars, plus Eight dollars and fifty cents for a Certificate of Status.

The reason for this letter is due to the fact that I received a Second Notice, but never received the first Annual Report Packet. Will you please waive the late fee since we never got the first notice? It would be greatly appreciated. This was not an oversight on my part.

Your assistance in this matter would be greatly appreciated. I have made a note in my records as to when this report is due and will see that I have a copy and return same promptly in the future.

Please feel free to call me at the telephone number noted below if you need to discuss this matter further.

Sincerely,



Mollie Lamb
President