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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000039303 (8)

QUALITY IN MOTION HOME PT INC.

## FILED Apr 24 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					1 (00)(00) (CD (01)0 Drill 40(C) 40(I) 80(C)	00 11110 1 <b>3</b> 100 <b>(</b> 1111) 00128 (111 160)
4740 HUNTING TRAIL 4740 HUNTING TRAIL LAKE WORTH FL 33467 LAKE WORTH FL 33467						
			37		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					05/07/1996	
2. Principal f	Place of Business	2a. Mailing Address	Mailing Address		4. FEI Number	Applied For
21		26			65-0663044	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22	1	27				Fee Required
City & Sta	te	City & State		6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> May Be	
Zip Country		28   	Zip Country			Added to Fees
24	kara ' kara ' kara		30	,	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	Yes No
441	9. Name and Address of Curr			<u></u>	10. Name and Address of New Registe	
ALI	ISELL, DIANA B		81	Name •	Incall Dean B	
4740 HUNTING TRAIL			82	Street Ad-	Iress (P.O. Box Number is Not Acceptable)	•
	KE WORTH FL 33467		**	Street Add	iress (P.O. Box Number is Not Acceptable)	
<b>.</b>	AL WOMME COSTO		83	3		
			84	City		FL 85 Zip Code
agent. I a	Signature, typed or printed name or registery	guitions of, Section 607,0505 ges, and she if applicable th ND DIRECTORS			irod when reinstating) D/ ADDITIONS/CHANGES TO OFFICERS	····
TITLE	D	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	-		1.2 NAME			change Addition
STREET ADDRESS % 4740 HUNTING TRAIL			1.3 STREET ADDRESS			
CITY-ST-ZIP LAKE WORTH FL 33467			1.4 CITY-ST-ZIP			
TITLE	CALL WOMITTE 35407	DELETE	2,1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			2. 4 CITY-			
TITLE	DELETE		3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP			3.4. CiTY-	-ST-ZIP		
TITLE	☐ DELETE 4.11		4.1 1HTLE			☐ Change ☐ Addition
NAME	1		4. 2 NAM	:		
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP				ST-ZIP		
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME		•	
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		05
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			1	T ADDRESS		
CITY-ST-7IP	1		6.4 C(TY-	er no l		

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 suppliemental 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.