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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000049595 (7)

1. Corporation Name

MAINFRAME QUALITY SERVICES INC.

Principal Place of Business

458 LAKESIDE CIRCLE
SUNRISE E FL 33326

Mailing Address

458 LAKESIDE CIRCLE
SUNRISE E FL 33326-4102



3. Date Incorporated or Qualified

06/11/1996

3a. Date of Last Report

2. Principal Place of Business

21 16750 DIAMOND PLACE

Suite, Apt. #, etc.

22 City & State

23 WESTON FLORIDA

Zip Country

24 F 33331 25 USA

2a. Mailing Address

26 16750 DIAMOND PLACE

Suite, Apt. #, etc.

27 City & State

28 WESTON FLORIDA

Zip Country

29 F 33331 30 USA

4. FEI Number

65-0671058

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

GIBBS, ANGEL J
458 LAKESIDE CIRCLE
SUNRISE FL 33326

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME GIBBS, ANGEL J
STREET ADDRESS 458 LAKESIDE CIRCLE
CITY-ST-ZIP SUNRISE FL 33326

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

4/23/97

(954) 384 3488

Date

Daytime Phone #

0206771

CR2E034 (9/96)