

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

**16750 DIAMOND PLACE
WESTON FL 33331
US**

Mailing Address

**16750 DIAMOND PLACE
WESTON FL 33331
US**

FILED
Aug 19 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1996

4. FEI Number

65-0671058

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

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

GIBBS ANGEL J.

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

16750 DIAMOND PLACE

83

84 City

WESTON

FL

85 Zip Code

33331

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

Angel J. Gibbs

PRESIDENT

8/10/98

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**

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT**
1.2 NAME **ANGEL JAMES GIBBS**
1.3 STREET ADDRESS **16750 DIAMOND PL.**
1.4 CITY-ST-ZIP **WESTON FL., 33331**

☒ Change ☐ Addition

2.1 TITLE **DIRECTOR**
2.2 NAME **O. ANGELINA GIBBS**
2.3 STREET ADDRESS **16750 DIAMOND PLACE**
2.4 CITY-ST-ZIP **WESTON FL., 33331**

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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:

Angel J. Gibbs

8/10/98 (705) 944-1900 VT

CR2E034 (5/98)