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FILED  
Feb 24 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 # P96000060546 (4)

1. Corporation Name

QUALITY OPERATIONAL SERVICES, INC.



Principal Place of Business

3037 RINGWOOD MEADOWS  
SARASOTA FL 34235

Mailing Address

3037 RINGWOOD MEADOWS  
SARASOTA FL 34235-7113

3. Date Incorporated or Qualified

07/19/1996

3a. Date of Last Report

2. Principal Place of Business

21 Quality Operational Services  
Suite, Apt. #, etc

22 4840 Wilde Pointe Dr.  
City & State

23 Sarasota, Florida  
Zip Country

24 34233 25 USA

2a. Mailing Address

26 Quality Operational Services  
Suite, Apt. #, etc

27 4840 Wilde Pointe Dr.  
City & State

28 Sarasota, Florida  
Zip Country

29 34233 30 USA

4. FEI Number

65-0712585

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

ROMANOFF, RICHARD B JR  
3037 RINGWOOD MEADOWS  
SARASOTA FL 34235

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, type full or partial name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                   | STREET ADDRESS        | CITY-ST-ZIP       | DELETE                   |
|-------|------------------------|-----------------------|-------------------|--------------------------|
| D     | ROMANOFF, RICHARD B JR | 3037 RINGWOOD MEADOWS | SARASOTA FL 34235 | <input type="checkbox"/> |
| D     | KEYS, THOMAS E         | 3037 RINGWOOD MEADOWS | SARASOTA FL 34235 | <input type="checkbox"/> |
| D     | SHEPHERD, LARRY H      | 3037 RINGWOOD MEADOWS | SARASOTA FL 34235 | <input type="checkbox"/> |
|       |                        |                       |                   | <input type="checkbox"/> |
|       |                        |                       |                   | <input type="checkbox"/> |
|       |                        |                       |                   | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change                   | Addition                 |
|-----------|----------|--------------------|-----------------|--------------------------|--------------------------|
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |

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

THOMAS E. KEYS

Date

2-18-97 (941) 927-8026

Daytime Phone #

0435002

CR2E034 (9/96)