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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000084940 (1)

QUALITY MOTORS, INC.

## FILED Mar 26 1997 8:00am Secretary of State

0050352

Principal Place of Business  2775 CRAWFORDVILLE HIGHWAY CRAWFORDVILLE FL 32327		Mailing Address  2775 CRAWFORDVILLE HI	GHWAY	I MANINES IN MINE SHIP SHIP SELL OF HE DOLL	aı iğiri masa 18111 bizir 36(1 1861
		CRAWFORDVILLE FL 3232	27-2172		
				3. Date Incorporated or Qualified 3 10/15/1996	a. Date of Last Report
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt 4	H ole	Suite, Apt #, etc.	· · · · · · · · · · · · · · · · · · ·	59-343 1657	Not Applicable  88.75 Additional
22	r, t.ic.	27		5. Certificate of Status Desired	Fee Required
City & State	· · · · · · · · · · · · · · · · · · ·	City & State	<del></del>	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zφ 53	Country	Zip	Country	8. This corporation has liability for intar Florida Statutes	
24	25   9. Name and Address of Cur		30	10. Name and Address of New Regist	
IVII	ES, ORTHO L		81 Name		
	5 CRAWFORDVILLE HIGHWA	Υ	62 Street Add	dress (P.O. Box Number is Not Acceptable)	
	WFORDVILLE FL 32327	•		STEES (1.0. DOX HOLLDOT IS HOLLAGODIADIO)	
			83		
			84 City		85 Zip Code
					FL   C   E   P   C   C   C   C   C   C   C   C   C
office or re	so stored appeal or both, in the Ct	usuz and 607.1508, Florida Siatut tate of Florida. Such change was a pygations of, Section 607.0505, Flo	outborized by the earners	rporation submits this statement for the purp ation's board of directors. I hereby accept th	e appointment as registered
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	1991 7 L			3 - 2	4-97.
SIGNATURE (	Signat va Type of or printed name of legisterics	dage r and tilled applicable (NOTI	F. Registered Agent signature requ		4-97.
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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 attackment with an address.

**SIGNATURE** 

SIGNATURE AND TYPE OF FINITE OF SIGNING OFFICER OR DIRECTOR L. Ly/rs 3-24-92 908