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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P9700005206**1. Corporation Name

GLOBAL QUALITY, INC.

Principal Place	of Business	Mailing Address							i.
9603 NW 8TH C	CIRCLE	9603 NW 8TH CIRCLE						,	
FORT LAUDERDALE FL 33324 FORT LAUDERDALE FL 3332				4		DO NOT WRITE IN THIS SPACE			
						Date Incorporated or Qualife			
						01/13/1997	•		
		1 0 10 11 11 11				4. FEI Number		1 1 4	pplied For
2. Principal Pl	lace of Business	2a. Mailing Address				.,			· · · · · · · · · · · · · · · · · · ·
21	· · · · · · · · · · · · · · · · · · ·	26				65-0739314	·		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional equired
22		27				<u> </u>			_`
City & State	е	City & State			•	6. Election Campaign Financing	∄. □		May Be
23	and the second second	28				Trust Fund Contribution		-	to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the cu	ırrent year Ir		[7].
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent		41		10. Name and Address of New	Registered	Agent	
		e all declaring		81  Na	ime				
	NDRA, DINESH			82 St	eet Addre	ess (P.O. Box Number is Not Accep	table)		
	3 NW-8TH CIRCLE					4 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	., . 		
FOR	T LAUDERDALE FL 33324			83			7 . Sev. 221		<b>翻题的第</b> [
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				84 Ci	•		FI		
441 Principal	to the provisions of Sections 607.0502	and 607 1508 Florida Statu	utes, the a	bove-nai	ned corpo	oration submits this statement for th	e purpose o	f changing it	s registered
office or n	egistered agent, or both, in the State of	f Florida. Such change was	authorized	by the	corporatio	n's board of directors. I hereby acc	ept the appo	ointment as re	egistered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Fi	ionda Stat	utes.					•
SIGNATURE		The state of the s	Ti. Danistand	Accest plan	atura mauirad	1 when reinstating)	DATE	:	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: F  12. OFFICERS AND DIRECTORS				Agent sign	amia reduired	ADDITIONS/CHANGES TO C		ND DIRECTO	ORS IN 12
		DELETE	13. 1.1 Tf	n F				Change	Addition
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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, with all other like empowered.

6.4 CITY-ST-ZIP

**FILED** 

Feb 01, 1999 8:00am

**Secretary of State** 

02-01-1999 90049 007 \*\*\*150.00