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**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700006919

1. Corporation Name

QUALITY ENTERTAINMENT, INC.

Principal Place of Business	Mailing Address						111 68116 61110 19191	(1818 1811 1881
FT LUADERDALE	2881 NE 32ND ST							
219	219				50.407		UO ODACE	
FT LAUDERDALE FL 33306 FT LAUDERDALE FL 33306						WRITE IN TH	IS SPACE	<del></del> 1
US	US				3, Date Incorporated or Qua	шеа		
	1 - 11.9° A 11				01/17/1997			uliad Par
2. Principal Place of Business	2a. Mailing Address				4, FEI Number		<u> </u>	plied For
21	26				65-0722629			ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	_		_	5. Certificate of Status Desire	ed 📑	\$8.75	Additional guired
22	27							
City & State	City & State				6. Election Campaign Finance			May Be to Fees
23	28				Trust Fund Contribution			io rees
Zip Country	Zip	Cou	nury		8. This corporation owes the	current year	Intangible    Yes	□No ·
24 25		30			Personal Property Tax.	ow Donintoro		
9. Name and Address of Currer	it Registered Agent		81 N	ame	10. Name and Address of N	ew Kegistere	u Agent	
GASS, DANIEL G			ייו ויס	ame				
10001 NW 50TH ST #204			<b>82</b> S	treet Addre	ess (P.O. Box Number is Not Ac	ceptable)		•
SUNRISE FL 33351			83			•		
·			<b>84</b> C	ity		F	85 Zip	Code
11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent Lam familiar with and accept the obligation.	of Florida. Such change was au	uthorized	hv the	med corpo corporation	ration submits this statement for n's board of directors. I hereby a	r the purpose accept the app	or chariging its	gistered
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CITY-ST-ZIP " ... 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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS