**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000023294

TOTAL QUALITY CONSTRUCTION SERVICES INC.

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Principal Place of Business Mailing Address							ı					
5033 NW 11 AVE 5033 NW 11 AVE							)					
POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 US US			9064				DO	DO NOT WRITE IN THIS SPACE				
00							Incorporated o	r Qualifed		•		
						03/1	4/1997					
2. Principal P	Place of Business	2a. Mailing Address				4. FEIN	lumber				Applied For	
21		26				65-0	)7354 <u>0</u> 8				Not Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired — \$8.75 Additional Fee Required						
	City & State City & State					e Flecti	on Campaign	Financing		\$5.0	0 May Be	
23	28						6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees					
Zip	Country Zip			intry		8. This	corporation ow	es the curr	ent year Int	angible	.,	
24	25 29 30						Personal Property Tax.					
	9. Name and Address of Curr	ent Registered Agent				10. Nam	e and Addres	s of New F	Registered	Agent		
				81	Name		!				1	
	INSON, RYAN M			82	Street A	ddress (P.O. Bo	v Number is N	ot Accepta	able)			
5033	3 NW 11 AVE			52	Oli eel A	(du 1033 (r . O. D.	,	ю: / ююора	,			
POM	IPANO BEACH FL 33064			83				_				
										100 7		
				84	City				FL	85   Zi	p Code	
44 Purguant	to the provisions of Sections 607.0	502 and 607 1508. Florida Stat	utes, the a	bove	-named c	corporation subm	nits this statem	ent for the	purpose of	changing	its registered	
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Starm familiar with, and accept the obli	te of Florida. Such change was	autnorize	o by i	tne corpoi	ration's board of	directors, I he	reby accep	ot the appoi	ntment as	registered	
SIGNATURE	Signature, typed or printed name of registered a	nent and title if applicable. (NO	TE: Registered	Agent	l signature re	quired when reinstatin	) ;		DATE		<del></del> [	
12.		AND DIRECTORS	13.	_:_			IONS/CHANG	ES TO OF	FICERS AN	D DIREC	TORS IN 12	
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			3.1 TI 3.2 N 3.3 S 34 C	OTY-S' ITLE AME TREET	T-ZIP ADDRESS	ROMPA	NO BEA	CH, F	C 33			
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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 exercise that I am an officer or Block 13 if changed, or on an exercise that I am an officer or block 13 if changed, or on an exercise that I am an officer or block 13 if changed, or on an exercise that I am an officer or block 13 if changed, or on an exercise that I am an officer or block 13 if changed, or on an exercise that I am an officer or block 13 if changed, or on an exercise that I am an officer or block 13 if changed, or on an exercise that I am an officer or block 13 if changed, or on an exercise that I am an officer or block 13 if changed, or on an exercise that I am an officer or block 13 if changed, or on an exercise that I am an officer or block 13 if changed, or on an exercise that I am an officer or block 13 if changed, or on an exercise that I am an officer or block 13 if changed, or on an exercise that I am an officer or block 13 if changed, or on an exercise that I am an officer or block 13 if changed, or on an exercise that I am an officer or block 13 if changed, or on an exercise that I am an officer or block 13 if changed, or on an exercise that I am an officer or block 13 if changed, or on an exercise that I am an officer or block 13 if changed that I am an officer or block 13 if changed that I am an officer or block 13 if changed that I am an officer or block 13 if changed that I am an officer or block 13 if changed that I am an officer or block 13 if changed that I am an officer or block 13 if changed that I am an o

6.4 CITY-ST-ZIP

6.2 NAME

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #

**FILED** 

Feb 25, 1999 8:00 am Secretary of State

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