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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 20 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State 🛂 🐒

1998
DOCUMENT #

P97000029570 (3)

J & L QUALITY SERVICES, INC.

					1,000,000 1,000,000,000,000,000,000,000	
Principal Place of Business Mailing Address						
2919 N MILITARY TR. 2919 N MILITARY TR.						
#353	011 PL 00400	#353				DO NOT WRITE IN THIS SPACE
W PALM BEA	ON FL 33409	W PALM BEACH FL 33409				3. Date Incorporated or Qualified
						04/01/1997
2 Principal P	lace of Business	2a Mailino Address	2a. Mailing Address			4. FEI Number Applied For
21		hη	26			65-07705 42 Not Applicable
Suite, Apt.	#. etc.	··· • • • • • • • • • • • • • • • • • •	Suite, Apt. #, etc.			SR 75 Additional
22		<u></u> ⊢₁	27			5. Certificate of Status Desired Fee Required
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution
Zip	Country Zip		Cou	Country		8. This corporation owes or has paid the current year Intangible
24	25	29	30	30		Personal Property Tax due June 30. Yes No
	g. Name and Address of Curren	I Registered Agent				10. Name and Address of New Registered Agent
EIF	LER, LYNN			81	Name	TAMES / FIFTE
29 [.]	19 N MILITARY TR.		ŀ		Street Ac	ddress (P.O. Box Number is Not Acceptable)
#3	53		[dates (1.10. Dox (tollisor is flot / todapidate)
W	PALM BEACH FL 33409			83		
				84	Cau	85 Zip Code
				64	City	FL B Zip Code
11. Pursuant t	to the previsions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the ab	ove	a-named co	corporation submits this statement for the purpose of changing its registered
ottice or re	egistere d agent, or both, in the State m fam iliar with, and accept the obliga	of Horidal Such change was ations of, Section 607,0505, F	: authorized Iori da S tat	d by utes	the corpo	oration's board of directors. I hereby accept the appointment as registered
SIGNATURE Signature, typed or profed name of registered agos Land little if applicable (NOTE Registered Agent signature required when						equired when reinstating) DATE
12,	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PRESIDEM JAMES L. EIFLER	☐ DELETE	1.1 70	Lŧ		PRESIDENT Change Addition JAMES L. EIFLER 2919 N MILITARY TR. H 353
NAME	REET ADDRESS 2914 N. MILL TARY TR #353		1.2 NA	1.2 NAME J		JAMES L. 21 TR. H 353
STREET ADDRESS 2914 N. MILITARY IN		K # 333	4, 3,9,9		ADDRESS	2919 D. MICH. 1.
CITY-ST-ZIP			1.4 CtTY - ST - ZIP		T-ZIP	WPB, EL 33407
TITLE			2.1 111	2.1 TITLE		Change Addition
NAME			2.2 NA	ME		
STREET ADDRESS			2.3 ST	REET.	ADDRESS	
CITY-ST-ZIP			2. 4 CI		ST-ZIP	
TITLE		☐ DELETE	3.1 7(7			Change Li Addition
NAME			3.2 NA	ME	1	
STREET ADDRESS			3.3 ST	REET.	ADDRESS	
CITY-ST-ZIP			3.4. CI		ST-ZIP	
TITLE		☐ DELETE	4.1 111			☐ Change ☐ Addition
NAME			4. 2 N	AME	1	
STREET ADDRESS			4.3 ST	REET	ADDRESS	
CITY-ST-ZIP			4.4 CI	IY-\$1	1-ZIP	
TITLE		☐ DELET e	5.1 TIT	LE		Change Addition
NAME			5.2 NA	M£		
STREET ADDRESS			5.3 ST	REET.	ADDRESS	
CITY-ST-ZIP			5.4 CI	[Y - S]	T-ZIP	
TITLE		DELETE	6.1 111	LE		Change Addition
NAME			6.2 NA	MÊ	j	
STREET ADDRESS			6.3 ST	REET	ADDRESS	

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 on an attachment with an address.