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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000039734 (3)

QUALITY REALTY, INC.

Principal	Place	of Bu	isinass

FILED Feb 17 1998 8:00am Secretary of State



Principal Place of Business Mailing Ac			g Address			**** ***** ****** ***		7/1 4141 7841		
1947 WEST PARK AVE			301 SOUTH ORANGE ST							
EDGEWATER	FL 32 132	NEW SM	YRNA BEACH FL (32168		DO NOT W	RITE IN THIS	SDACE		
						3. Date Incorporated or Qualif		OI AUL		
						05/01/1997	00			
2. Principal Pi	ace of Business	2a, Mailing	Address			4. FEI Number		Ar	plied For	
21		26	,			59 2045 394			ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			3,3,40		\$8.75		
22		27				Certificate of Status Desired		Fee Re	equired	
City & State		City &	City & State		6. Election Campaign Financin	g	\$5.00	May Be		
23	28				Trust Fund Contribution		Added 1			
Zip	Country	Zip		Country	у	8. This corporation owes or ha	s paid the cu			
24	25	29	3	0		Personal Property Tax due			2 No	
	g, Name and Address of Curre	nt Registered A	gent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of Nev	Registered	Agent		
	ABTREE, RUBY B			81	Name				ļ	
	17 WEST PARK AVE				Street Add	t Address (P.O. Box Number is Not Acceptable)				
ED	GEWATER FL 32132									
				83	\ <u> </u>				•	
				84	City			85 Zip (Code	
							FL	•		
11. Pursuant t	to the provisions of Sections 607.050	02 and 607, 1508	s, Florida Statutes	the above	e-named cor	rporation submits this statement for talence to a statement for the state of the st	he purpose o	if changing it	s registered	
agent. Lar	n familiar with, and accept the oblig	ations of, Section	n 607.0505, Florid	da Statute	S.	anorth board of an octore. Thereby a	ooopt the app	3011.11110111.40	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
SIGNATURE			· 							
	Signature, typod or printed name of registered ag OFFICERS AN	D DIRECTORS	ile (NOTE F	13.	jent signature requ	uirod when reinstating) ADDITIONS/CHANGES TO C	DATE ECICEDO ANI	D DIDECTOR	OC IN 10	
TITLE	PSTD	DENEOTORIS	DELETÉ	1,1 TITLE		ADDITIONS/CHANGES TO C	FFICENS AND	Change	Addition	
NAME	CRABTREE, RUBY B			1.2 NAME				_ •	_	
STREET ADDRESS	ANA COLITILI ADALICE OT				T ADDRESS					
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32	168		1.4 CITY - 1						
TITLE			DELETÉ	2.1 TITLE	<u> </u>			☐ Change	Addition	
NAME				2.2 NAME						
STREET ADDRESS				2.3 STREE	1 ADDRESS					
CITY-ST-ZIP				2. 4 CITY-	ST-ZIP					
TITLE			DELETE	3.1 TITLE				Change	Addition	
NAME				3.2 NAME						
STREET ADDRESS				3.3 STREE	T ADDRESS					
CITY-ST-ZIP				3.4. CITY-	ST-ZIP					
TITLE			☐ DELET E	41 TITLE				Change	Addition	
NAME				4 2 NAME						
STREET ADDRESS				4.3 STREE	T ADDRESS					
CITY-ST-ZIP				4.4 CITY-5	ST-ZIP					
TITLE			DELETE	5.1 TITLE				Change	Addition	
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREE	T ADDRESS				j	
CITY-ST-ZIP				5.4 CiTY-	ST - ZIP					
TITLE			DELETE	6.1 TITLE				☐ Change	Addition	
NAME				6.2 NAME						
STREET ADDRESS				6.3 STREE	T ADDRESS					
CITY-ST-ZIP				6.4 CITY-5	ST-ZIP				į	

14. Thereby 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.