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 # P97000044592 (8)

FIRST QUALITY MANAGEMENT SERVICES, INC.

FILED Apr 22 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address	Mailing Address		Committee the state about about and arm
8751 WEST BROWARD BLVD, STE. 100		8751 WEST BROWARD BLVD. STE. 100)	
PLANTATION FL \$3924		PLANTATION FL 33324			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					t t
9 Principal P	lage of Rusiness	2a. Mailing Address			05/16/1997 4. FEI Number - Applied For
2. Principal Place of Business		Fi "			5-60/ 2100
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable Secretificate of Status Poping \$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country 7ip		Country		This corporation owes or has paid the current year Intangible
24	25	<u> </u>	-¬ ' '		Personal Property Tax due June 30. Yes No
<u> </u>	g, Name and Address of Curren		7		10. Name and Address of New Registered Agent
740		<u></u>	81	Name	
ZARRILLI, VICTOR J 8751 WEST BROWARD BLVD. STE. 100					
		IW	82 Street Add		ddress (P.O. Box Number is Not Acceptable)
PU	INTATION FL 33324		83	 -	
			""		
			84	City	85 Zip Code
44 Distances	to the manufactors of Continue COZ OF O	2 and CO2 1500 Florida Protuta	1 10 10 10 10		FL 100 Properties at health this statement for the purpose of shooking its resistance.
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
	Signature, typed or printed name of registered ages OFFICERS ANI			nt signature r	equired when roinstating) DATE A PRINCIPAL AND DIRECTORS
12.	D OF FICENS AIN	DELETE	13.	т	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
i	•				En cuande Ci voquion
NAME	MALONEY, JOHN F II	CTC 400	1.2 NAME		·
STREET ADDRESS	8751 WEST BROWARD BLVD.	91E. 100	1.3 STREET	i i	
City-st-zip	PLANTATION FL 33324	DELETÉ	1.4 C(TY - S	T- ZIP	
TITLE	0	·		1	Change Addition
NAME	ZARRILLI, DIANE R	ATT	2.2 NAME		
STREET ADDRESS	8751 WEST BROWARD BLVD.	STE. 100	2.3 STREET	ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324		2. 4 CITY-5	ST-ZIP	
TITLE	-		3.1 TITLE		Change Addition
NAME	ZARRILLI, VICTOR J		3.2 NAME		
STREET ADDRESS	8751 WEST BROWARD BLVD.	STE. 100	3.3 STREET	ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324		3.4. CITY-5	ST-ZIP	
सारLE			4.1 TITLE		Change Addition
NAME	SCHULMAN, SOL		4.2 NAME		
STREET ADDRESS	8751 WEST BROWARD BLVD.	STE. 100	4.3 STREET	ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324		4.4 CITY-S	T-ZIP	
TITLE		☐ DELETÉ	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET	ADDRESS	
		,		ſ	
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY - S 6.1 TITLE	1 - ZH*	☐ Change ☐ Addition
		L better			- Johango - Mandali
NAME			6.2 NAME	IDDDESS	
STREET ADDRESS			6.3 STREET		
CITY-ST-ZIP	and the same of th	4. 45:- 11: 42: 12: 1	6.4 CITY - S		Lie Coation 440 07/0V/) Florido Clabara Libration and Alexander
34 Ibereby o	edity that the information supplied with	th this bling does not qualify fo	r the exemn	non stater	I in Section 119.07(3)(i). Florida Statutes. I further certify that the information.

I nereby certify that the information supplied with this billing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic indicated on this annual report for 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 changied, or on an affairment with an address.

GNATURE- OLLY FORMATION OF THE STATE OF THE STA