

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90054 028 ***150.00

DOCUMENT # P97000044592

1. Corporation Name

FIRST QUALITY MANAGEMENT SERVICES, INC.

Principal Place of Business

8751 WEST BROWARD BLVD. STE. 100
PLANTATION FL 33324

Mailing Address

8751 WEST BROWARD BLVD. STE. 100
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1997

4. FEI Number

65-0762280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

ZARRILLI, VICTOR J
8751 WEST BROWARD BLVD. STE. 100
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name JOHN F MALONEY II
82 Street Address (P.O. Box Number is Not Acceptable)
8751 W BROWARD BLVD
83 STE 100
84 City PLANTATION FL 85 Zip Code 33324

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 registered agent or registered agent for both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

John F. Maloney II

JOHN F MALONEY II

DATE 4/1/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME MALONEY, JOHN F II
STREET ADDRESS 8751 WEST BROWARD BLVD. STE. 100
CITY-ST-ZIP PLANTATION FL 33324

TITLE D ☒ DELETE
NAME ZARRILLI, VICTOR J
STREET ADDRESS 8751 WEST BROWARD BLVD. STE. 100
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 changed, or on an attachment with address, with all other like empowered.

SIGNATURE: X

John F. Maloney II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN F MALONEY II

4/1/99

954 382 0300

Date

Daytime Phone #

CR2E034 (11/98)