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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

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

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)
22. Suite, Apt. #, etc.
27. Suite, Apt. #, etc.
23. City & State
28. City & State
24. Zip Country
29. Zip Country

3. Date Incorporated or Qualified: 05/16/1997
4. FEI Number: 65-0762280
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

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 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 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

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

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 an address, with all other like empowered.

SIGNATURE: *John F. Maloney II* DATE: 4/1/99 DAYTIME PHONE #: 954 382 0300

CR2E034 (11/98)