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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 1. Corporation Name P97000048578 (3)

QUALITY ASSURED DETAILING INCORPORATED

FILED Apr 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					, realitats the casts seem earth earth daith deith edde ditte feith realt lain that	
478 E ALTAMONTE DR STE 108 #122 478 E ALTAMONTE DR STE 108 #122						
ALTAMONTE SPRINGS FL 32701-5374		ALTAMONTE SPRINGS	ALTAMONTE SPRINGS FL 32701-5374			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						05/30/1997
2. Principal F	Place of Business	2s. Mailing Address	2a. Mailing Address			4. FEI Number Applied For
21		26	26			59-3453898 Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27	27			5. Certificate of Status Desired Fee Required
City & Sta	te	Cily & State	City & State			6. Election Campaign Financing \$5.00 May Be
23		28	4. <u>4</u>			Trust Fund Contribution Added to Fees
Zip	Country	Zφ	Cour	itry		8. This corporation owes or has paid the current year Intangible
24	25	[29]	30			Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent
	9. Name and Address of Curr	aut uebisteien waeur		81	Name	10, Name and Address of New Registered Agent
	URGESS, ROBERT B					
	15 Garden Drive Inter Springs FL 32708			82	Street Add	dress (P.O. Box Number is Not Acceptable)
VV.	INTER SPRINGS PL 32/06		<u> </u>	83		
	·		[+	84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607,1508, Florida Stati	utes, the ab	L	-named con	rporation submits this statement for the purpose of changing its registered
office or	registered agent, or both, if the Sta	le of Florida. Such change was	s authorized	by	the corpora	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
	X LUITININ		ionda State	ics.		
SIGNATURE	Signature, typed or printed name of registered a	1 and little if applicable (NC	OTE Registered	Адст	nt signature requ	uired when reinstating) DATE
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Presilent	☐ DELET e	1.1 TITE	.E		☐ Change ☐ Addition
NAME	ROCKAB B-14	.3 3	1.2 NA	ME		
STREET ADDRESS	Jus Carianto	rive manage	1.3 STF	EET A	ADDRESS	
CITY-ST-ZIP	President Robert BB-18 145 Carland	D1 35)01	1.4 CITY-ST		r · ZiP	
TITLE	1	, □ DELETE	2 1 TITU			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	2. 4 City-St-ZiP DELETE 3.1 Title		1 - ZIP	Change Addition
TITLE NAME		F1 occup	3.1 HH			Change notion
STREET ADDRESS			3.3 STREET ADDRESS		ADDRESS	
City-St-Zip			3.4. C(TY-ST-Z(P			
TITLE		DELETE	4.1 TITL		1-40	Change Addition
NAME			4. 2 NA			· -
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			4.4 CIT			
TITLE		DELETE	5.1 7171			☐ Change ☐ Addition
NAME			5.2 NA	ИE		45
STREET ADDRESS			5.3 STR	EET #	ADDRESS	ار سر رار
CITY-ST-ZIP		5.4 CIT	5.4 CITY - ST - ZIP		401	
TITLE		☐ DELETE	6.1 TITI			SIDIO SIDIO Addition
NAME			6.2 NA	ИE		8000025009€€® ange □ Addition -04/27/9801052001
STREET ADDRESS			6.3 S1R	EET #	ADDRESS	***150.00
CITY-ST-ZIP			6.4 CIT	Y-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 of the