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

DOCUMENT # P97000088882

1. Corporation Name

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90120 015 ***150.00

QUALITY COMPONENTS, INC.									
Principal Place	e of Business	Mailing Address				- [(881)981 18 (811) (881) 8811) 68111 98111 98111	*****		
500 SEMINOLE BLVD 500 SEMINOLE BLVD									
LARGO FL 33770 LARGO FL 33770						DO NOT WRITE IN THIS SPACE			
I						3. Date Incorporated or Qualifed			
						10/15/1997			
Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For		
21		26				59-3472582	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required			
22		27				ree Required			
City & State	e	⊢ '	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
23 Zin	Country	28	Zip Country			8. This corporation owes the current year In:		ed to 1 ees	
Zip	25 29 30			,		Personal Property Tax.	Yes	⊡ No	
25 29 30 30						10. Name and Address of New Registered	Agent		
			81	Nar	ne				
COLELLA, RONALD W			82	Stra	et Addre	ess (P.O. Box Number is Not Acceptable)			
	21ST PLACE S.W.		"	. 500	et Addie	as (1.0. box (talliber is flot / ledeparto)			
LARC		83	3						
			84	City	r		85 Z	ip Code	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the				1 -	PL			** *** *** *** *** *** *** *** *** ***	
office or n	registered agent, or both, in the State of mamiliar with, and accept the obligat	nt Florida. Such chande was autt	nonzea di	v tne c	orporation	n's board of directors. I hereby accept the appo	intment as	registered	
SIONATORE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	egistered Age	ent signat	ure required	when reinstating) DATE			
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIREC		
TITLE	P COLETA BONALD W	☐ DELETE	1.1 TITLE				Onan	go (
NAME	COLELA, RONALD W		1.2 NAME						
STREET ADDRESS	3228 21ST PLACE S.W.		1.3 STREE		SS				
CITY-ST-ZIP	LARGO FL 33774	☐ DELETE	1.4 CITY-:				Chan	ge	
TITLE	COLELA, KATHLEEN A		2.2 NAME				_	_	
NAME	3228 21ST PLACE S.W.		2.3 STREE		:00				
STREET ADDRESS			2.4 CITY-					1	
CITY-ST-ZIP TITLE			3.1 TITLE				Chan	ge Addition	
NAME	-		3.2 NAME			•		ļ	
STREET ADDRESS			3.3 STREE	ET ADDRI	ss	•			
CITY-ST-ZIP	,		3.4. CITY-						
TITLE	DELETE 4.1T		4.1 TITLE	4.1 TITLE			Chan	ge	
NAME			4. 2 NAME	Ē	- 1				
STREET ADORESS			4.3 STREE	ET ADDR	SS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	-				
TITLE .	·	☐ DELETE	5.1 TITLE			·	Chan	ge Addition	
NAME			5.2 NAME					Ĭ	
STREET ADDRESS			5.3 STRE		SS				
CITY+ST-ZIP		·	5.4 CITY-			1.000			
TITLE		☐ DELETE	6.1 TITLE				Chan	ge Addition	
NAME	}		6.2 NAME					•	
STREET ADDRESS		,	6.3 STRE	ETADDR	:\$8				

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. CITY-ST-ZIP

SIGNATURE:

