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

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90049 014 ***150.00

DOCUMENT # P98000010816

1. Corporation Name

NAME

STREET ADDRESS

CITY-ST-ZIP

CHALITY COEATIVE DISSIPERED INC

QUALIT	CHEATIVE BUILDENS, IN											
Principal Place	e of Business	Mailing Add	ress					3 10011001 (50 \$015) 10111 00111 00111 00111 ddior	***************************************			
6842 BURROUG	GHS COURT	6842 BURROUGHS COURT						the state of the s				
SUITE 6		SUITE 6						DO NOT WRITE IN THIS SPACE				
ORLANDO FL	32818	ORLANDO FL 32818					-	3. Date Incorporated or Qualifed				
							ļ	02/03/1998			ļ	
2 Principal P	lace of Business	2a. Mailing	Address					4. FEI Number	I A	pplied For	•	
		26						59-3495351	<u> </u>	ot Applicable	1	
Suite, Apt.	# etc.		pt. #, etc.				1	<u> </u>	\$8.75	Additional	1	
22		27	27				1	5. Certificate of Status Desired	Fee R	equired		
City & Stat	e		City & State				6. Election Campaign Financing \$5.00 May Be					
23		28						Trust Fund Contribution	Added	to Fees	4	
Zip	Country	Zip	-	Cou	ntry			8. This corporation owes the current year In-				
24	25 29 30			30	1 craonari roporty russ			Yes	<u>E</u> No	-		
	9. Name and Address of Curre	nt Registered Ag	ent		81	Name	•	10. Name and Address of New Registered	Agent		†	
DEI	LO, MICHAEL				81			<u>.</u>				
	2 BURROUGHS COURT					Street Ad	ddress (P.O. Box Number is Not Acceptable)					
SUI										<u>-</u> -	1	
	ANDO FL 32818]	
01.12					84	City		FL	85 Zip	Code		
office or r	registered agent, or both, in the State im familiar with, and accept the obligations of registered agent.	of Florida, Such on the officers of the office	change was au 607.0505, Flori	thorized da Stati	ibyt ⊔tes.	the corpora	ation s	tion submits this statement for the purpose of s board of directors. I hereby accept the appo	intment as re	egistered	ا	
12.		ND DIRECTORS		13.				ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORŞ IN 12] 8	
TITLE			☐ DELETE	1.1 TI	TLE		$\overline{\mathbb{Q}}$		☐ Change	Addition	1 5	
NAME				1.2 N	ME		Μı	chael Rello 1 #1		•	5	
STREET ADDRESS				1.3 ST	REET	ADDRESS	68	42 Burroughs C+ #6	,		0	
CITY-ST-ZIP				1.4 CI	TY-ST	- ZIP	Or	land o, FL 32818		- \- 	ؤ إـ	
TITLE			☐ DELETE	2.1 TF	TLΕ		D	2 1-1	☐ Change	X Addition	١,	
NAME				2.2 N	AME		201	hnny B. Azzolino				
STREET ADDRESS				2.3 S1	REET	ADDRESS	55	00 Riviera Drive			-	
CITY-ST-ZIP				_	ITY-S	T-ZIP	Ov	lando, FL 32808	- Channa	Addition	┨	
TITLE			☐ DELETE	3.1 TT					Change	☐ Addition		
NAME				32 N/								
STREET ADDRESS						ADDRESS					İ	
CITY-ST-ZIP			DELETE	_	ITY-S	T- ZIP			Change	Addition	1	
TITLE			☐ DELETE	4.1 TI								
NAME				4. 2 N		ADDOCAC						
STREET ADDRESS						ADDRESS					1	
CITY-ST-ZIP			DELETE	4.4 CI	TY-ST	-214			Change	Addition	1	
TITLE			0	5.1 N							-	
NAME STREET ADDRESS				_	_	ADDRESS						
CITY-ST-ZIP	"				TY-ST						{	
0111-31-21F			DELETE	6 1 TI	ΠE				Change	. Addition	.7	

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 of 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 attactment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR