

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P98000015674
1. Comoration Name	, 00000.00.

QUALIFIED INTERMEDIARIES, INC.

## Feb 21, 1999 8:00 am Secretary of State

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Principal Plac	e of Business	Mailing Ad	ddress				4 18611461 lie juger mill Bante enern ablit amia,	1164: BILLS BIT	
C/Q WILLIAM	SCOTT FOSTER		AM SCOTT FOS				<b>{</b>		
909 MAR WALT DRIVE, SUITE 1014 909 MAR WALT DRIVE, SUITE 1014 FORT WALTON BEACH FL 32547 FORT WALTON BEACH FL 32547			DO NOT WRITE IN THIS SPACE						
POHI WALTON	F DEAUTI FIL 32347	FORT WAL	JUN DENGR FL	OZ.J+1			3. Date Incorporated or Qualifed		
ļ							02/11/1998		
2. Principal P	lace of Business	2# Mailing	Address			***********	4. FEI Number	Α	pplied For
21		26					59-3499477		ot Applicable
Suite, Apt.	#. etc.	<del></del>	Apl. #, etc.				5. Certificate of Status Desired		Additional equired
22 City & Charl		27 Cily &	Croto						
City & Stat	<del>U</del>	<u></u>	3140				6. Election Campaign Financing Trust Fund Contribution		May Be to Foes
Zip	Country	28 Z/p		Count	lry		8. This corporation owes the current year int		,
24	[25]	29		30			Personal Property Tax.	~∐Yes	1XINo
271	9. Name and Address of Cur		gent				10. Name and Address of New Registered	Agent	
				8	17	Name			
	ITER, WILLIAM SCOTT			<u> </u>	12	Street Addre	85 (P.O. Box Number is Not Acceptable)		
	MAR WALT DRIVE				1.				
1	E 1014			Ē	13		_		
FOR	IT WALTON BEACH FL 32547			<u></u>	4	City		95 Zip	Code
1				- 1	1	•	FL ration submits this statement for the purpose of	<u> </u>	
SIGNATURE	Signature, typed or printed name of registered	agant and trie if applicable	d. (NOTE	Registered A		ignature raquired v			· · · · · · · · · · · · · · · · · · ·
12.		AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
TITLE	O SIGNATURE		DELETE	1.1 TITLE		ĺ			
NAME	Fleet, H. Bart 909 Mar Walt Drive, Suit	TE 4014		12 NAM		ODRESS .			
STREET ADDRESS	FORT WALTON BEACH FL			1.4 CITY					
TITLE	D	EST	DELETE	2.1 TITLE				Change	Addition
NAME	FOSTER, WILLIAM SCOTT			2.2 NAM	E				
STREET ADDRESS		TE 1014		2.3 STRG	ETA	DORESS	•		
CITY-ST-ZIP	FORT WALTON BEACH FL			2.4 CT	-5T-2	ZP	• ••		
TITLE			☐ DELETE	3.1 TITLE	=			Change	Addition
NAME				3.2 NAME	E	(			
STREET ADDRESS				3.3 STRE	ET A	DORESS			
CITY-ST-ZIP				3.4. CITY		200			T & Jeliston
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STREET ADDRESS						DORESS			
CITY-ST-ZiP	_ <del></del>		O DELETE	4.4 CITY		ZIP		☐ Change	Addition
TITLE			☐ DELETE	5.1 TITLE 5.2 NAME	-	)		T) examile	
NAME						DORESS			
STREET ADDRESS				5.4 CITY					
CITY-ST-ZIP			DELETE	6.1 TITLE		<del>-</del>		Change	Addition
NAME			عا عبيداد	6.2 NAME					
STREET ADDRESS						DORESS			
				9.3 G 1/V					

CTY-ST-ZP

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 eppears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: