

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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90033 038 ***150.00

DOCUMENT # P98000028206

1. Corporation Name

QUALITEK OF THE PALM BEACHES, INC.

Principal Place of Business

4360 NORTHLAKE BLVD., STE. 205
PALM BEACH GARDENS FL 33410

Mailing Address

4360 NORTHLAKE BLVD., STE. 205
PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1998

4. FEI Number

65-0834627

Applied For

Not Applicable

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

2. Principal Place of Business

21 9184 Rutledge Ave

Suite, Apt. #, etc.

City & State

23 Boca Raton

Zip Country

24 33434 25

2a. Mailing Address

26 9184 Rutledge Ave

Suite, Apt. #, etc.

City & State

28 Boca Raton

Zip Country

29 33434 30

9. Name and Address of Current Registered Agent

WASHOFKY, MARTIN E EA PA
4360 NORTHLAKE BLVD., STE. 205
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name Michael Armoogam
82 Street Address (P.O. Box Number is Not Acceptable)
9184 Rutledge Ave
83
84 City Boca Raton FL 85 Zip Code 33434

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-15-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ARMOOGAM, MICHAEL
STREET ADDRESS 4360 NORTHLAKE BLVD., STE. 205
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Michael Armoogam
1.3 STREET ADDRESS 9184 Rutledge Ave
1.4 CITY-ST-ZIP Boca Raton, FL 33434

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-99

Date

(561) 479-2462

Daytime Phone #

CR2E034 (11/98)