FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90178 037 ***150.00

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 # **P98000032891**1. Corporation Name

QUALITY SMALL EQUIPMENT AND ENGINE REPAIR INC.

										08 411 06 411 19 141 68 41	.		8191 HOL HOLL	
Principal Place	of Business	Mailin	ng Address											
1535 COGSWELL #C21 2921 ITHACA CT														
ROCKLEDGE FL 32955 COCOA FL 32926								DO NOT WRITE IN THIS SPACE						
								D 1 1			5 SPACE	=		
							3.		orporated or Qu	lalited			ļ	
								04/08/						
2. Principal Pl	ailing Address				4.	FEI Numi		115.3		+	lied For			
21						<u>59</u>	<u>-350</u>	6183			Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc.							5	Certificate	of Status Des	ired 🔲 -			dditional	
22 ± D34 27							-, , -,				F	ee Req	uirea	
City & State	e	City & State				6.	6. Election Campaign Financing \$5.00 May Be							
23		28	28					Trust Fund Contribution Added to Fees						
Zip	Country	Zi	Žip Country				8.	8. This corporation owes the current year Intangible						
24 25			30				Personal Property Tax. Yes XNo							
	9. Name and Address of Curre	nt Register	ed Agent		<u> </u>		10.	Name ar	nd Address of	New Registered	I Agent			
					81	Name								
DOUVILLE, JULIÉ					82 Street Addre			dress (P.O. Box Number is Not Acceptable)						
2921 ITHACA CT						Quidot.	Subst Addiess (1.5. Dox Hamber is Not Acceptable)							
COC	OA FL 32926				83									
											laci	Zip C		
	•				84	City				F	L 85	Zip C	, de	
office or t	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	e of Florida.	Such change was a	uthorized	ı bv	the corpo	corporatio	n submits pard of din	this statement ectors. I hereby	for the purpose of accept the appo	of changing introduction of the change of th	ng its r as reg	egistered istered	
agent. I a	m familiar with, and accept the oblig	jations of, Se	ection 607.0505, Flo	rida Stat	utes									
SIGNATURE														
	Signature, typed or printed name of registered as		<u></u>		Agen	it signature re	required when		10/01/11/050	TO OFFICERS A	ND DID	CTO	20 IN 12	
12.	OFFICERS A	ND DIRECT		13.						10 OFFICERS A	☐ Ch		Addition	
TITLE			☐ DELETE	1.1 Tí				ES I De	5101 00 VILLI	בי		ange	DE L'AGUAGU	
NAME				1.2 N		ļ		יט טי	THACA	-T]	
STREET ADDRESS				1.3 \$1	REET	ADDRESS								
CITY-ST-ZIP				1,4 CI	TY-\$	T-ZIP	000	$O\Delta$, F	L 3292	.6				
TITLE			DELETE	2.1 TI	TLE						Ch	ange	☐ Addition	
NAME				2.2 N	ME					4				
STREET ADDRESS				2.3 8	REET	FADDRESS					_			
CITY-ST-ZIP				2.4 C	ITY-S	T-ZIP	-							
TITLE			□ DELETE	3.1 TI	TLE						[] Ch	ange	Addition	
NAME .				3.2 N	ME									
STREET ADDRESS				3.3 S	REE1	r address	ļ							
CITY-ST-ZIP				3.4. C	ITY-S	ST-ZIP								
TITLE			DELETE	4.1 Π			1				☐ Ch	ange	☐ Addition	
NAME	`			4. 2 N	AME									
STREET ADDRESS						T ADDRESS								
CITY-ST-ZIP TITLE			☐ DELETE	5.1 T		T-ZIP	 				Ch	ange	☐ Addition	
				5.2 N										
NAME				ı		ADDRESS								
STREET ADDRESS	-			5.4 C		ŀ								
CITY-ST-ZIP			☐ DELETE	6.1 TI		. 2"	1				☐ Ch	nange	Addition	
TITLE				6.2 N										
NAME														
CTDEET ADDDESS	i			■ 6.3 S	REE	TADORESS	1							

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.

6.4 CITY-ST-ZIP

STREET ADDRESS

407/631/8824 600)