


FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90078 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000041575 1. Corporation Name QUALITY PROFESSIONAL'S INC.			
Principal Place of Business 6051 PALM TRACE LANDINGS DR. #303 DAVIE FL 33314		Mailing Address 6051 PALM TRACE LANDINGS DR. #303 DAVIE FL 33314	
2. Principal Place of Business 21 9262-C Boca Gardens Pkwy Suite, Apt. #, etc. 22 City & State 23 Boca Raton FL Zip Country 24 33496 25 Palm Beach		2a. Mailing Address 26 9262-C Boca Gardens Pkwy Suite, Apt. #, etc. 27 City & State 28 Boca Raton FL Zip Country 29 33496 30 Palm Beach	
3. Date Incorporated or Qualified 05/06/1998			
4. FEI Number 65-083792		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent HIEBERT, SANDRA 6051 PALM TRACE LANDINGS DR., #303 DAVIE FL 33314		10. Name and Address of New Registered Agent 81 Name Sandra Hiebert 82 Street Address (P.O. Box Number is Not Acceptable) 9262-C Boca Gardens Pkwy 83 84 City Boca Raton FL 85 Zip Code 33496	
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 <i>Sandra J. Hiebert</i> DATE 1-26-99 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP Sandra Hiebert President <input type="checkbox"/> DELETE 9262 C Boca Gardens Pkwy Boca Raton FL 33496 Secretary <input type="checkbox"/> DELETE William R Hiebert 9262 C Boca Gardens Pkwy Boca Raton FL 33496 <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President 1.2 NAME Sandra J Hiebert 1.3 STREET ADDRESS 9262 C Boca Gardens Pkwy 1.4 CITY-ST-ZIP Boca Raton FL 33496 2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Secretary 2.2 NAME William R Hiebert 2.3 STREET ADDRESS 9262 Boca Gardens Pkwy 2.4 CITY-ST-ZIP Boca Raton FL 33496 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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: *Sandra J. Hiebert* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99 **561-218-360**
Date Daytime Phone #

CR2E034 (1/198)