

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**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90036 029 \*\*\*150.00

**DOCUMENT # P98000042465**

1. Corporation Name

**QUALITY INITIATIVES, INC.**

Principal Place of Business

6141 N.W. 44TH LANE  
COCONUT CREEK FL 33073

Mailing Address

6141 N.W. 44TH LANE  
COCONUT CREEK FL 33073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/06/1998**

4. FEI Number

**65-0834748**

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 4554 NW 50TH COURT**

2a. Mailing Address

**26 4554 NW 50TH COURT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23 COCONUT CREEK, FL**

City & State

**28 COCONUT CREEK, FL**

Zip

Country

Zip

Country

**24 33073**

**25**

**29 33073**

**30**

9. Name and Address of Current Registered Agent

DEARING, PEGGY  
6141 N.W. 44TH LANE  
COCONUT CREEK FL 33073

10. Name and Address of New Registered Agent

**81 Name MOODY, JONES, MONTEFUSCO, KRAUSE, P.A.**  
**82 Street Address (P.O. Box Number is Not Acceptable) 1333 S. UNIVERSITY DRIVE, SUITE 201**  
**83 NATIONS BANK BUILDING**  
**84 City PLANTATION FL 85 Zip Code 33324**

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 **KENNETH M. JONES, P.A.**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/30/99**

12. OFFICERS AND DIRECTORS

**TITLE SPD**  
**NAME DEARING, PEGGY**  
**STREET ADDRESS 6141 N.W. 44TH LANE 4554 NW 50TH COURT**  
**CITY-ST-ZIP COCONUT CREEK FL 33073**

☐ DELETE

**TITLE STD**  
**NAME DEARING, RONALD JR.**  
**STREET ADDRESS 4554 NW 50TH COURT**  
**CITY-ST-ZIP COCONUT CREEK, FL 33073**

☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **DEARING, PEGGY**

1.3 STREET ADDRESS **4554 NW 50TH COURT**

1.4 CITY-ST-ZIP **COCONUT CREEK, FL 33073**

2.1 TITLE **STD** ☐ Change ☒ Addition

2.2 NAME **DEARING, RONALD JR.**

2.3 STREET ADDRESS **4554 NW 50TH COURT**

2.4 CITY-ST-ZIP **COCONUT CREEK, FL 33073**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/99**

**954-481-5961**

Daytime Phone #

CR2E034 (1/98)