## 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** Feb 04, 1999 8:00am **Secretary of State**

02-04-1999 90005 012 \*\*\*150.00

i. Corporatio	MENT.# S12984 FON QUALITY, INC.		·			
ACCEIVE	ON GOALITY, INC.	15				
Principal Plac	e of Business	Mailing Address			MET MINIT MENTE MENTE NEUTL NINET	1881
19 W OAKWOO		19 WEST OAKWOOD Stre	et			
Tarpon Sprii   Us	VGS FL 34689	TARPON SPRINGS FL 34689 US		DO NOT WRITE IN TI	HIS SPACE	
03		US		3. Date Incorporated or Qualifed	INO OF AGE	<u>-</u>
				11/16/1990	1.8	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied Fo	or "
21		26	المسيديون سريدا	59-3062646		able
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addition	al 🏻 🖹
22		27			Fee Required	
City & Stat	te	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be	,
23	Country	28 7in	Country	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip 3	¬ ·	<ol><li>This corporation owes the current year Personal Property Tax.</li></ol>	Intangible	
24	9. Name and Address of Current		<u>Uj</u>	10. Name and Address of New Register		$\dashv$
		regiotorea regent	81 Name	, , , , , , , , , , , , , , , , , , ,	ou rigoni	
	NGARINOS, STERGOS					
	E SPRUCE ST., UNIT B		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
TAR	PON SRPINGS FL 34689		83	17-13/2000 18 61 640 18 61 640 18	11 412 1 2131 2131 3120 4121	1731
		f	24 00			145
			84 City	F	85 Zip Code	1
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes.	, the above-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its register	ed
office or i	registered agent, or both, in the State o im familiar with, and accept the obligati	it Florida, Such change was autr ons of Section 607.0505. Florid	nonzed by the corporation	on's board of directors, I hereby accept the ap	pointment as registered	
			a Ciatates.			4.7
SIGNATURE					<i>j</i> ., į.	
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature require			<u></u>
12.	OFFICERS AND	and title if applicable. (NOTE: Re	egistered Agent signature require	ADDITIONS/CHANGES TO OFFICERS		
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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 attackment with an andress, with all other like empowered.

SIGNATURE

Daytime Phone # Date