## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

MEDLEY FL 33166

2a. Mailing Address

PED OR PRINTED NAME OF SIGN

Suite, Apt. #, etc.

9090 NW SOUTH RIVER DR.

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # S14028

Principal Place of Business 9090 NW SOUTH RIVER DR.

2. Principal Place of Business

SIGNATURE:

Suite, Apt. #, etc.

MEDLEY FL 33166

QUALITY REBUILT & SERVICES, INC.

NAME STREET ADDRESS STREET ADDRESS ONY S. RIVER DR. #2  MEDLEY FL 33163  12 NAME  13 STREET ADDRESS CITY- ST-ZIP  NAME  21 TITLE  NAME  22 NAME  23 STREET ADDRESS CITY- ST-ZIP  14 CITY- ST-ZIP  NAME  24 CITY- ST-ZIP  DELETE  31 TITLE  NAME  32 NAME  33 STREET ADDRESS CITY- ST-ZIP  TITLE  NAME  STREET ADDRESS CITY- ST-ZIP  TITLE  NAME  STREET ADDRESS CITY- ST-ZIP  TITLE  NAME  34 CITY- ST-ZIP  TITLE  NAME  STREET ADDRESS CITY- ST-ZIP  TITLE  NAME  STREET ADDRESS CITY- ST-ZIP  TITLE  NAME  43 STREET ADDRESS CITY- ST-ZIP  TITLE  NAME  STREET ADDRESS CITY- ST-ZIP  TITLE  NAME  STREET ADDRESS CITY- ST-ZIP  44 CITY- ST-ZIP  44 CITY- ST-ZIP  44 CITY- ST-ZIP	22		27									<u> </u>				Juneo .
Trust Fund Contribution	City & State	e	City &	State				6.	Electi	on Campa	aign Fìna	incing	П			
Personal Property Tax.  9. Name and Address of Current Registered Agent  GONZALEZ, IBRAHIN 9030 NW SOUTH RIVER DR. BAY 2 MEDLEY FL 33163  18. Street Address (P.O. Box Number is Not Acceptable)  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 agent, or both, in the State of Florida. Such change was suthorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was suthorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was suthorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Sutatues in the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes in the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes in the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes in the corporation's board of directors. I hereby accept the appointment as registered agent, and remained in the purpose of changing its register of agent. I am familiar with, and accept the obligations of Section 607 6056, Florida Statutes.  SIGNATURE  Signifum, typed or protect family and registered agent agent are given and the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Section 607 6056, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of files.  SIGNATURE  Signifum, typed or protect familiar and registered agent agent are given and accept the obligation of Section 607 6056, Florida Statutes, the above	23		28						Trust	Fund Cor	ntribution	1		A	dded to	) Fees
9. Name and Address of Current Registered Agent  GONZALEZ, IBRAHIN 9090 NW SOUTH RIVER DR. BAY 2  MEDLEY FL 33163  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 registere office or registered agent, or both, in the State of Florida, Such change was suthorized by the corporation's board of directors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 STREET ADDRESS  SIRRET ADDRESS  ORY-ST-ZP  MEDLEY FL 33163  14. GONZALEZ, IBRAHIN  12. NAME  13. STREET ADDRESS  22. STREET ADDRESS  23. STREET ADDRESS  24. GOTY-ST-ZP  14. STREET ADDRESS  24. GOTY-ST-ZP  15. TITLE  15. TITLE  15. Change  Address (P.O. Box Number is Not Acceptable)  16. Name and Address of New Registered Agent  18. Name  19. Name above-named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  15. Name above-named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  INTEREST. ADDRESS OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 STREET ADDRESS  20. STREET ADDRESS OFFICERS AND DIRECTORS IN 1.1 STREET ADDRESS OFFICERS OFFICERS IN 1.1 ST	Zip	Country	Zip		Coun	try		8.	. This c	corporatio	n owes t	he curre	nt year Ir	ntangible		_
GONZALEZ, IBRAHIN 9090 NW SOUTH RIVER DR. BAY 2 MEDLEY FL 33163  13.  44 City FL 85 Zip Code  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 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, or both, in the State of Florida. Such change was submotized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was submotized by the corporation's board of directors. I hereby accept the appointment as registered agent and size of appointment as registered agent, or both, in the State of Florida. Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  14. CITY-ST-ZIP  15. TITLE  15	24	25	29		30			l_	Perso	nal Prope	erty Tax.			Ye	es	□No
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9090 NW SOUTH RIVER DR. BAY 2 MEDLEY FL 33163  84 City FL 85 Zip Code  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 register 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, not accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, not accept the obligations of, Section 607.0505, Florida Statutes, the above-named dorporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named dorporation submits this statement for the purpose of changing its registered agent, and the purpose of changing its 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, and the purpose of changing its registered agent, and the					18	81	Name									
## SUPPLY FL 33163  ## City   FL   85   Zip Code    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 agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes.  ### Signature   S		,			-	82	Street /	ddress (I	P O Bo	y Numbe	r is Not	Acceptat	nie)			
MEDLEY FL 33163  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 register 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 proted mane of registered agent and 1860 # appointment as registered agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE  12. NAME  GONZALEZ, IBRAHIN  12. NAME  GONZALEZ, IBRAHIN  12. NAME  GONZALEZ, IBRAHIN  12. NAME  13. STREET ADDRESS  44. CITY-ST-ZIP  13. TITLE  14. CITY-ST-ZIP  14. CITY-ST-ZIP  15. Change  Add  Add  Add  Add  Add  Add  Add  A					1	"	Judet 7	tudi ess (i	.0. 00	X Humbe	13 14017	тосории	510,			
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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 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, 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, 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, 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, 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, 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, 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, in the appointment as registered agent, in the appointment as registered agent. I hereby accept the appointment as registered agent agent. I hereby accept the appointment as registered agent agent. I hereby accept the appointment as registered agent agent. I hereby accept the appointment as registered agent agent. In the appointment as registered agent agent. In the appointment as registered agent. In the appointment as registered agent agent. In the appointment as registered agent. In the appointment as registered agent agent. In the appointment as registered agent agent. In the appointment as registered age					1	84	City						F	85	Zip C	ode
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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 application.   (NOTE. Registered Agent signature required when reinstating)   DATE	office or re	egistered agent, or both, in the State of	of Florida, Such	i change was au	ithorized l	by th	e corpo	ration's b	oard of	directors	. I hereb	y accept	the appo	ointmen	t as reg	jistered
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE	agent. I ar	m familiar with, and accept the obligat	ions of, Section	1 607.0505, Flori	ida Statut	tes.										
12. OFFICERS AND DIRECTORS  TITLE  D. OBLETE  GONZALEZ, IBRAHIN  STREET ADDRESS  GONZALEZ, IBRAHIN  STREET ADDRESS  GONZALEZ, IBRAHIN  STREET ADDRESS  GONZALEZ, IBRAHIN  12 NAME  13 STREET ADDRESS  GONZALEZ, IBRAHIN  14 GITY-ST-ZIP  MEDLEY FL 33163  DELETE  15 TITLE  DAME  16 DELETE  17 T. V. P. D  Change  Advance  22 NAME  19 DELETE  10 DELETE  11 TITLE  DAME  19 DELETE  10 DELETE  11 TITLE  DAME  10 DELETE  11 TITLE  DAME  12 NAME  13 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  14 CITY-ST-ZIP  TITLE  DELETE  15 TITLE  DELETE  16 Change  Advance  17 ST-ZIP  TITLE  DELETE  17 T. V. P. D  Change  Advance  Advance  Advance  Advance  Advance  43 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  17 T. V. P. D  Change  Advance  Advance  Advance  Advance  43 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  DELETE  17 T. V. P. D  Change  Advance	SIGNATURE															
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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																

**FILED** Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90182 023 \*\*\*158.75



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/21/1990 4. FEI Number Applied For 65-0227696 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Daytime Phone #