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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S16590

(9)

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Jan 27 19	998	8:00am
Secreta	ry (	of State

QUALIT	Y CUTS, INC.						
Principal Plac	e of Business	Mailing Address					
7538 UNIVERS		7538 UNIVERSITY BLVD					
WINTER PARK		WINTER PARK FL 32792					
					DO NOT WRITE IN	THIS SPACE	
-					3. Date Incorporated or Qualified		
2. Principal P	Tace of Business	2a. Mailing Address			12/03/1990 4. FEI Number		pplied For
21		26			59-3042837	<del></del>	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	60 75	Additional
22	27		5. Certificate of Status Desired	ree r	equired		
City & Stat	— · · · · · · · · · · · · · · · · · · ·			6. Election Campaign Financing		May Be	
Zip	Country	<b>28</b>	Cou	ntny	Trust Fund Contribution	Added	
24	25	29	30	its y	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>		tangible     No
24;	9. Name and Address of Curre		30		10. Name and Address of New Regist		
GAI	RCIA, ROBERT A.	<del></del>		81 Name		41	
	6 CHARMONT DR.			82 Street Addre	ess (P.Q. Box Number is Not Acceptable)		===
	OPKA FL 32703					·	
				83			
				84 City		85 Zip	Code
		500 - 1000 4500 Et 11 August			N 2 2 5 14	<b>FL</b>	
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stat	502 and 607.1508, Florida Statute Ite of Florida. Such change was a	es, the at athorized	love-named corporation	oration submits this statement for the purp on's board of directors. I hereby accept th	ose of changing a appointment as	ts registered registered
agent. I a	m familiar with, and accept the obli	igations of, Section 607.0505, Flo	rida Stat	utes.	•		
SIGNATURE	Signature, typed or printed name of registered a	cont and fits # applicable /NOT	i Élegisteres	Agent signature require	of whon relectation.	ATE	
12.		ND DIRECTORS	13.	Agent signature require	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	P	DELETE	1.1 117	LE		☐ Change	☐ Addition
NAME	GARCIA, ROBERT, A		1.2 NA	ME			13
STREET ADORESS	2816 CHARMONT DR		1,3 ST	REET ADDRESS			18
CITY-ST-ZIP	APOPKA FL	<del> </del>		Y-ST-ZIP			
TITLE	TSV JUSTOU GARCIA, <del>JUST</del> INE, A	DELETE	2.1 711			Change	Addition C
NAME			2.2 NA				
STREET ADDRESS	2816 CHARMONT DR			REET ADDRESS			
CITY-SY-ZIP TITLE	APOPKA FL	DELETE	2. 4 C	IY-ST-ZIP		Change	Addition
NAME			3.2 NA				
STREET ADDRESS				REET ADORESS			ļ
CITY-ST-ZIP			3.3 51				
TITLE							
NAME		☐ DELETE		ry-st-zip		☐ Change	Addition
STREET ADDRESS		☐ DELETE	3,4. CI	ry-st-zip Le		☐ Change	☐ Additlon
		☐ DELETE	3.4. CI 4.1 TIT 4. 2 N/	ry-st-zip Le		Change	Addition
City-St-ZiP			3.4. CI 4.1 TIT 4. 2 N/ 4.3 ST	ry-st-zip Le Me			
TITLE		☐ DELETE	3.4. CI 4.1 TH 4. 2 N/ 4.3 ST 4.4 CH 5.1 TH	ry-st-zip Le Me Beet address y-st-zip		Change	Addition Addition
TITLE NAME			3.4. CI 4.1 TH 4. 2 N/ 4.3 ST 4.4 CH 5.1 TH 5.2 NA	IY-ST-ZIP  LE  ME  HEET ADDRESS  Y-ST-ZIP  LE  ME			
TITLE NAME STREET ADDRESS			3.4. CI 4.1 TH 4. 2 N/ 4.3 ST 4.4 CH 5.1 TH 5.2 NA 5.3 ST	IY-ST-ZIP LE MME LEET ADDRESS Y-ST-ZIP LE ME LEET ADDRESS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.4. CI 4.1 TII 4. 2 N/ 4.3 ST 4.4 Cn 5.1 TII 5.2 NA 5.3 ST 5.4 Cn	TY-ST-ZIP  LE  ME  HEET ADDRESS  Y-ST-ZIP  LE  ME  HEET ADDRESS  Y-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			3.4. CI 4.1 TIT 4. 2 N/ 4.3 ST 4.4 CD 5.1 TIT 5.2 NA 5.3 ST 5.4 CD	TY-ST-ZIP LE MME LEET ADDRESS Y-ST-ZIP LE MME LEET ADDRESS Y-ST-ZIP LEET ADDRESS Y-ST-ZIP LE			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.4. CI 4.1 TII 4. 2 NJ 4.3 ST 4.4 CR 5.1 TII 5.2 NA 5.3 ST 5.4 CR 6.1 TII 6.2 NA 6.3 ST	TY-ST-ZIP LE MME LEET ADDRESS Y-ST-ZIP LE MME LEET ADDRESS Y-ST-ZIP LEET ADDRESS Y-ST-ZIP LE		Change	Addition

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.

SIGNATURE: QUISTAS A MARONES 407 677-7066