

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S51195 (3)

1. Corporation Name

QUALITY TOOTERS, INC.



Principal Place of Business

Mailing Address

1644 LAKE DRIVE  
COCOA FL 32909-5218

25 SOUTH ATLANTIC AVENUE  
COCOA BEACH FL 32931

767 CLEARLAKE RD  
COCOA, FL 32933

767 CLEARLAKE RD  
COCOA, FL 32933

2. Principal Place of Business

21 767 CLEARLAKE RD

2a. Mailing Address

26 767 CLEARLAKE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 COCOA, FL

28 COCOA, FL

Zip

Country

Zip

Country

24 32922

25 BREVARD

29 32922

30 BREVARD

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/06/1991

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3074612

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 767 CLEARLAKE RD

84 City

COCOA

FL

85 Zip Code

32922

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

*John Lingo*

(NOTE: Registered Agent signature required when re-registering)

3/30/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D  
NAME ROYTMAN, STEPHEN H.  
STREET ADDRESS 1644 C LAKE DRIVE  
CITY-ST-ZIP COCOA FL

TITLE ☐ DELETE

D  
NAME LINGO, JOHN  
STREET ADDRESS 25 SOUTH ATLANTIC AVENUE  
CITY-ST-ZIP COCOA BEACH FL

TITLE ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(v), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

407 631-1005

Day

Daytime Phone

CR2E034 (12/95)