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 # S54950

(8)

10

Apr 21 1998 8:00am Secretary of State

FILED

	QUALITY CORP.					
Principal Plac	e of Business	Mailing Address				#11 D1811 G1811 B1811 B1811 1881
133 NO. U.S. HWY 1 133 NO. U.S. HWY 1 TEOUESTA FL 33469 TEOUESTA FL 33469					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					05/23/1991	1
2. Principal P	lace of Business	2a. Mailing Addre	ss		4. FEI Number	Applied For
21		26			65-0270108	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		etc.		1	\$8.75 Additional	
		27			G. Commodic of Claros Dedirect	Fee Required
City & Stat	le	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28				Added to Fees
Zip	Country	7ip	·	untry	8. This corporation owes or has paid t	
24	25 Name and Address of Currer	29 Peoletered Agent	30	1	Personal Property Tax due June 30 10. Name and Address of New Regis	
		it negistored Agoin		81 Name	IV. Hairie and Addiess of Hear Hogis	teled Agent
	S CORPORATE SERVICES INC					
11780 US HWY ONE				82 Street Add	lress (P.O. Box Number is Not Acceptable)	
	ITE 300			83		
160	QUESTA FL 33408					
				84 City		85 Zip Code
office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig	of Florida, Such chance	e was authorize	ed by the corpora	poration submits this statement for the purp tion's board of directors. I hereby accept the	pose of changing its registered ne appointment as registered
SIGNATURE	Signature, typed or printed name of registered agr	of and title (applicable	(NOTE: Register	ed Agent signature requ	ired when reinstating)	DATE
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TITLE	PD	[] DEL	ETE 111	TITLE		Change Addition
NAME	KUIPERS, JOHN K		1.2 (NAME .		1:
STREET ADDRESS	18930 PAINTED LEAF CT.		1.3 9	STREET ADDRESS		li li
CITY-ST-ZIP	JUPITER FL 33458		1.4 (CITY-ST-ZIP		
TITLE	STD	☐ DEt	ETE 211	TIFLE		Change Addition
NAME	KUIPERS, CYD D		2.21	NAME		
STREET ADDRESS	18930 PAINTED LEAF CT.		2.3 8	STREET ADDRESS		
CITY - ST - ZIP	JUPITER FL 33458	· · · · · · · · · · · · · · · · · · ·		CITY - ST - ZIP		
TIFLE		☐ DEL	ETE 311	TILE		☐ Change ☐ Addition
NAME			3.21	HAME		
STREET ADDRESS			3.3 \$	STREET ADDRESS		
CITY - ST - ZIP				CITY - ST - ZIP		
TITLE		□ D£1	ETE 411	TILE		Change Addition
NAME			4. 2	NAME		
STREET ADDRESS			4.3 5	TREET ADDRESS		
CITY-ST-ZIP		·		CITY-ST-ZIP		
TITLE		DET	E T E 5.1 T	ITLE		☐ Change ☐ Addition
NAME			521	IAME		
STREET ADDRESS			5.3 5	TREET ADDRESS		
CITY-ST-ZIP				ITY-ST-ZIP		
TITLE		□ D£l	E7E 6.17	ITLE		Change Addition
NAME			62 N	IAME		1
STREET ADDRESS			6.3 9	TREET ADDRESS		

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 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 of his results 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 changes, or an appear of the corporation of the corpor

SIGNATURE:

4/15/84 561-747-73