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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # S66064

6064 (

QUALITY BUILDERS & DEVELOPERS, INC.

(4)

## FILED Apr 02 1997 8:00am Secretary of State

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Principal Pt	ace of Business	Mailing Ad	Mailing Address								
POST OFFIC STUART FL		POST OFFICE BOX 3183 STUART FL 34995-3183									
							3. Date Incorporated or Qualified 07/15/1991		ate of Last F <b>09/1996</b>	Report	
2. Principal	Place of Business	2a. Mailing	Address				4. FEI Number		A	pplied For	
21		26		<del></del>			65-0282114	·····		lot Applicable	
	pt #, etc	<u></u>	vpt. #, etc.				5. Certificate of Status Desired			Additional lequired	
22 City 8 St	and a	27 City & S	State	<del></del>			a fluid on the fluid				
	gan:	28	state				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees	
23 Zip	Country	Zip		Countr	ν.		8. This corporation has liability for				
24	25	29		30	•			Yes		o. 100.00£,	
	9. Name and Address of Cur						10. Name and Address of New R	egistered	Agent		
W.	AXLER, CAROL S			81	T	Name					
73	S SOUTHWEST FLAGLER AVENI	UE		82	,	Street Addres	(P.O. Box Number is Not Accepte	ible)		<del></del>	
\$1	TUART FL 34994			L	]	Direct / Idaiot	10.000 (10.000)				
				83	3						
				84	4	City			<b>85</b> Zip	Code	
					ł	•		FL	•		
11. Pursua office d agent	int to the provisions of Sections 607. or registered agent, or both, in the St Tam familiar with, and accept the ot	0502 and 607.1508, tate of Florida: Such oligations of, Section	Florida Statute change was a n 607.0505, Flo	es, the abou outhorized b orida Statute	ve- by 1 es.	hamed corpoi the corporation	ration submits this statement for the	purpose o	o changing cointment a	its registered s registered	
SIGNATUR	nc										
	Signature, typed or printed name of registoric		e (NOTE		pent	signature required	when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	N DIDECTO	DC IN 40	
12.	PSTD	AND DIRECTORS	DELETE	13. 1.1 TITLE		· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFF	CENS AIVI	Change		
	HERRING, BOYIZE JR.		L) DELETE	1.1 THE					f" O KNING	L.J Addition	
NAME CANCEL MORNE	ALIA OF FEDERAL UNIO			1.3 STREE		aparec					
STREET ADDRES	STUART FL 34994			1.4 DITY-							
DITY-ST-7PP THILE			DELETE	21 TITLE		-zir	<del>                                     </del>		Change	Addition	
NAME				22 NAME							
STREET ADDRES	96			23 STREE		pnerce					
011Y-\$1-79	0.7			2 4 City		1					
11TLF			DELETE	31 TITLE			***************************************		Change	Addition	
NAME				32 NAME	Ξ						
STREET ADDRES	SS			33 STREE	EY A	ADDRESS					
CITY-S1 ZIP				34. CITY	-51	- ZIP					
TITLE			DELETE	4.1 TITLE	_				☐ Change	Addition	
N/ME				4. 2 NAMI	Ε						
STREET ADDRES	55			4.3 STREE	ET A	NDORESS					
CITY - S1 - ZIP				4.4 CITY-	SI-	- ZIP					
TITLE			DELETE	5.1 TITLE				. ———	☐ Change	Addition Addition	
NAME				5.2 NAME	=						
STREET ADDRES	ss			5.3 STREE	ET A	ADDRESS					
CITY - S1 - 74P				5.4 CITY-	ST	-ZIP					
TILLE			DELETE	6.1 TITLE					Change	Addition	
NAME				6.2 NAME	E						
STREET ADORES	SS			6.3 STREE	ET A	ADDRESS					
CITY - S1 - ZIP				6.4 CITY-	Ä	-ZIP					

14. I do nereby 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 d-rector 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING

G OFFICER OFFINEECOS

3/27 97 561-286-9835