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Jan 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S77991** (5)
1. Corporation Name
THE AMERICAN QUALITY ASSURANCE CORPORATION



Principal Place of Business Mailing Address
C/O CARYLE A. JOHNSON C/O CARYLE A. JOHNSON
14513 MARK DRIVE 14513 MARK DRIVE
LARGO, FL 34644 LARGO, FL 33774-5103

3. Date Incorporated or Qualified 09/04/1991 3a. Date of Last Report 03/14/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 06-1331567 Applied For Not Applicable

21 386 Bayview Dr NE 26 386 Bayview Dr NE 5. Certificate of Status Desired \$8.75 Additional Fee Required

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 City & State St. Petersburg FL 28 City & State St. Petersburg, FL 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 Zip 33704 25 Country USA 29 Zip 33704 30 Country USA

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

JOHNSON, DAVID P. 14513 MARK DRIVE LARGO, FL 34644
Corrected → address only
81 Name David P Johnson
82 Street Address (P.O. Box Number is Not Acceptable) 386 Bayview Dr. NE
83
84 City St. Petersburg FL 85 Zip Code 33704

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 David P. Johnson 1-20-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D JOHNSON, DAVID P. DELETE
NAME
STREET ADDRESS 14513 MARK DRIVE
CITY - ST - ZIP LARGO, FL

TITLE D JOHNSON, CARYLE A. DELETE
NAME
STREET ADDRESS 14513 MARK DRIVE
CITY - ST - ZIP LARGO, FL

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

14. I do 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: David P. Johnson (813) 827-9590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)