PROFIT CORPORATION ANNUAL REPORT

1999

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Sep 21, 1999 8:00 am Secretary of State

09-21-1999 90014 010 ***550.00

DOCUMENT # \$77991

THE AMERICAN QUALITY ASSURANCE CORPORATION

Principal Place	of Business	Mailing Address		
386 BAYVIEW		386 BAYVIEW DR. NE.		
14519-MARK-E		14519 MARK DRIVE		0.0
ST. PETERSBU	IRG FL 33704 Please not	ST PETERSBURG EL 3370	Uran Caus	DO NOT WRITE IN THIS SPACE
US ft <	house togo	2W DWING	and and	3. Date incorporated or Qualified
	address Feling	ke Should be	The Correct	Hea_ 09/04/1991
2. Principal Pl	ace of Business	2a. Mailing Address	2	FEI Number Applied For Applied
21 786		26 386 1	they VIEW E	
Suite, Apt.	#, etc.	Suite, Apt # etc.	• •	5. Certificate of Status Desired \$8.75 Additional Fee Required
22 27 27 27 27 27 27 27 27 27 27 27 27 2				Facilities of the second of th
City & State	Rotersburg. FL	City & State	rsburg.	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
23		28 ST FEE		
Zip 237	Country	1 23704 1	Country SA	8. This corporation owes the current year Intangible Personal Property. Yes Vo
24 55 T	25 0 34	<u> </u>	20 0 -7 1	10. Name and Address of New Registered Agent
Rt Name				
JAYE MACK				
22601 MIDDLETOWN DR SET TO 1 Street Address (P.O. Bold winder is Not Acceptable)				
BOCA RATON FL 33428 This Was Never 83 The registers 83 The registers FI 85 Zip-Godg OV				
/	•	12 nouster	- P	
		the reland	-) 84 City	ST Reliante El 85 Zin Corda
3. V 3. V 3. V 1. V 1. V 1. V 1. V 1. V				
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		AND TO SELECT ON THE SELECT OF	E: Registered Agent signature	re required when reinstating) DATE
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	GOELETE	1.1 TITLE	
NAME	JOHNSON, DAVID P.		1.2 NAME	Johnson, Dovidi Fchange LAddition
STREET ADDRESS	4000 CORP BLVD NW STE-110	LW BLDG	1.3 STREET ADDRESS	366 Bayriew Dr. NE
CITY-ST-ZIP	BOCA RATON FL 33431		1.4 CITY-ST-ZIP	St. Polershum, FL 33704
TITLE	D	DELETE	2.1 TITLE	Change Addition
NAME	JOHNSON, CARYLE A.	(-) 500010	2.2 NAME	
STREET ADDRESS	1900 CORP BLVD NW STE 110	W BLDG	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431		2.4 CITY-ST-ZIP	
TITLE		DELETE	3.1 TITLE	
NAME		DECENT	3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME !			4.2 NAME	,
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME		DELETE	5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
l i			5.4 CITY-ST-ZIP	
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE	Change Addition
NAME		FT] NETE IE	6.2 NAME	
			6.3 STREET ADDRESS	
STREET ADDRESS				
CiTY-ST-ZIP	ertify that the information supplied with	his filing does not qualify for the	6.4 CITY-ST-ZIP	n section 119.07(3)(i). Florida Statutes, I further certify that the information
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 cath; that I am an officer or director of the corporation 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 or an attachment with an address.				