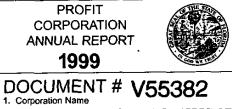
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



QUALITY PEOPLE GROUP ENTERPRISE, INC. II

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 01, 1999 8:00 am Secretary of State 05-01-1999 90054 003 ***150.00

|--|

Principal Place	of Business	Mailing Address							
STOP - N - SH		STOP - N - SHOP	499 SR 434 / STE 1017			•			
499 SR 434 / S	STE 1017					DO NOT WRITE IN THIS SPACE			
ALTAMONTE SPRINGS FL 32714		US	ALTAMONTE SPRINGS FL 32714			3. Date Incorporated or Qualifed			
US		UO				08/05/1992			ľ
	(8)	2n Mailing Address				4. FEI Number		Ar	oplied For
`	lace of Business	 	2a. Mailing Address			-59-3135531		<u> </u>	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			- 39 3 10330 1			Additional
_	#, etc.	— — · ·				5. Certifcate of Status Desired			equired
22			City & State			6. Election Composing Financing		\$5.00	May Be
City & State	В	 `				6. Election Campaign Financing Trust Fund Contribution			to Fees
23	Country		Zip Country				ent year Inta		
Zip Country		⊢ '	H ' -			8. This corporation owes the current year Intangible Personal Property Tax. V/Yes \(\square\$ No			
24	9. Name and Address of Curre	29 29 Agent	[30]			10. Name and Address of New F	Registered A	gent	
	3. Name and Address of Cure	ent Negistered Agent		81 N	lame				•
PATE	EL, SALIM						<u>.</u>		
	CORRINE DRIVE		82 Street Ad		Street Add	ddress (P.O. Box Number is Not Acceptable)			
	ANDO FL 32803			83					
0110	1100 12 02000								
				84 (City		FL	85 Zip	Code
						poration submits this statement for the		han sing its	rocietorod
office or r	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was	s autnorized	i dv ine	corporati	on's board of directors. I hereby acce	ot the appoir	itment as re	egistered
SIGNATURE	Signature, typed or printed name of registered at	nent and title if applicable (NC	TE: Registered	Agent sig	nature require	ed when reinstating)	DATÉ		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	ORS IN 12
TITLE	PDS	☐ DELETE	1.1 TI	TLE				☐ Change	Addition
NAME	PATEL, SALIM		1.2 N	ME.					
	COOL CORDINE DONE			REET AD	DRESS				
STREET ADDRESS	ORLANDO FL			TY-ST-ZI	1				
CITY-ST-ZIP	SD	□ DELETE	2.1 TT					☐ Change	Addition
TITLE		□	2.2 N						
NAME	PATEL, SALIM 2924 CORRINE DRIVE		1		יסטדכים				_
STREET ADDRESS				REET AD		-			
CITY-ST-ZIP	ORLANDO FL	☐ DELETE	2.4 C	ITY-ST-Z	^{JP} +	· · · · · · · · · · · · · · · · · · ·		Change	Addition
TITLE									-
NAME			3.2 N						
STREET ADDRESS				REET AD					
CITY-ST-ZIP		F3 nc:		ITY-ST-Z	IP -			☐ Change	Addition
TITLE	ţ	☐ DELETE	4.1 73		1			T Alianda	
NAME			4. 2 N						
STREET ADDRESS			4.3 S	TREET AD	DRESS				
CITY-ST-ZIP				TY-ST-ZI	IP .			F165	
TITLE		☐ DELETE	5.1 TI		1			[] Change	Addition
NAME	1		5.2 N						
STREET ADDRESS	}		5.3 S	TREET AD	DRESS				
CITY-ST-ZIP			5.4 CI	TY-\$T-ZI	P				
TITLE		☐ DELETE	6.1 TI	TLE				Change	Addition
NAME]		6.2 N	AME	J				
STREET ADDRESS			6.3 S	FREET AD	DRESS				
	į		6.4 C	TY-ST-ZI	IP				
CITY-ST-ZIP	1	till this films does not smaller				Section 119 07/3Vi) Florida Statutes	I further cert	ify that the	information

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 informat 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, with all other like empowered. (10) .9)40091

SIGNATURE: