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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V64856 1. Corporation Name TOTAL QUALITY APPLICATIONS, INC.			
Principal Place of Business 703-60TH STREET COURT EAST SUITE B BRADENTON FL 34208		Mailing Address 703-60TH STREET COURT EAST SUITE B BRADENTON FL 34208	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 703 60TH ST CT E Suite, Apt. #, etc. 22 SUITE K		2a. Mailing Address 26 P.O. Box 2238 Suite, Apt. #, etc. 27 SUITE K	
City & State 23 BRADENTON FL		City & State 28 BRADENTON FL	
Zip 24 34208		Zip 29 34208	
Country 25 USA		Country 30 USA	
9. Name and Address of Current Registered Agent BURISH, ROBERTA J. 13608 2ND AVE E. BRADENTON FL 34202			
10. Name and Address of New Registered Agent 81 Name ROBERTA J BURISH 82 Street Address (P.O. Box Number is Not Acceptable) P.O. Box 2238 83 13608 2ND AVE E 84 City BRADENTON FL 85 Zip Code 34202			
11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, for 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 Robert J. Burish DATE			
12. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BURISH, ROBERTA JEAN 13608-2ND AVE EAST BRADENTON FL	☐ DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURISH, ROBERTA JEAN 13608-2ND AVE EAST BRADENTON FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURISH, THOMAS C. 13608-2ND AVE E BRADENTON FL	☒ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert J. Burish 4-7-99 9417462133

CR2E034 (11/98)