

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

FILED

**Apr 29 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000004378 (3)
1. Corporation Name
QUESTRON TECHNOLOGY, INC.



Principal Place of Business 6400 CONGRESS AVE SUITE 200 BOCA RATON FL 33487	Mailing Address 6400 CONGRESS AVE SUITE 200 BOCA RATON FL 33487-2810
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/27/1996	3a. Date of Last Report
21	22	26	27	4. FEI Number 23-2257354	Applied For Not Applicable
Suite, Apt. #, etc. 200A		Suite, Apt. #, etc. 200A		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23	24	28	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	Country	Zip	Country		

g. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH LTD INC 1408 HAYS STREET SUITE #2 TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
81	Name				
82	Street Address (P.O. Box Number is Not Acceptable)				
83					
84	City	FL	85	Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLIMENI, DOMENIC A	1.2 NAME	POLIMENI, DOMENIC A.
STREET ADDRESS	6400 CONGRESS AVE. SUITE 200	1.3 STREET ADDRESS	6400 CONGRESS AVE., SUITE 200 A
CITY-ST-ZIP	BOCA RATON FL 33487	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADLER, MILTON M	2.2 NAME	
STREET ADDRESS	% JUDICATE OF PA, 200 S. BROAD ST. #800	2.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19102	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUBITOSI, ROBERT V	3.2 NAME	
STREET ADDRESS	6400 CONGRESS AVE. SUITE 200	3.3 STREET ADDRESS	6400 CONGRESS AVE., SUITE 200A
CITY-ST-ZIP	BOCA RATON FL 33487	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCSHERRY, WILLIAM J JR	4.2 NAME	
STREET ADDRESS	6400 CONGRESS AVE. SUITE 200	4.3 STREET ADDRESS	6400 CONGRESS AVE., SUITE 200A
CITY-ST-ZIP	BOCA RATON FL 33487	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYMOWITZ, MITCHELL	5.2 NAME	
STREET ADDRESS	6400 CONGRESS AVE. SUITE 200	5.3 STREET ADDRESS	6400 CONGRESS AVE., SUITE 200A
CITY-ST-ZIP	BOCA RATON FL 33487	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: *Domenic A. Polimeni* Date: 4/21/97 Daytime Phone #: (861) 241-5251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)