

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

FILED

Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 666646 (5)
1. Corporation Name
QUIPP, INC.



Principal Place of Business
4800 N.W. 157TH STREET
MALEAH FL 33014

Mailing Address
4800 N.W. 157TH STREET
MALEAH FL 33014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/11/1980	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2306191	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

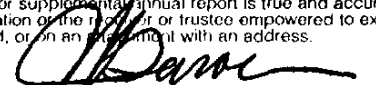
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEMS 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

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	PD	1.1 TITLE	DIRECTOR
NAME	BRANCA, RALPH	1.2 NAME	BRANCA RALPH
STREET ADDRESS	112 WEST BEACH DRIVE	1.3 STREET ADDRESS	4800 N.W. 157TH ST
CITY-ST-ZIP	STRAFFORD CT	1.4 CITY-ST-ZIP	MIAMI FL 33014
TITLE	CD	2.1 TITLE	DIRECTOR
NAME	FINLEY, JACK D	2.2 NAME	FINLEY JACK
STREET ADDRESS	338 EDMERE WAY NORTH	2.3 STREET ADDRESS	4800 N.W. 157TH ST
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	MIAMI FL 33014
TITLE	TD	3.1 TITLE	DIRECTOR
NAME	KIPP, LOUIS D	3.2 NAME	FINLEY JACK
STREET ADDRESS	4800 N.W. 157TH STREET	3.3 STREET ADDRESS	4800 N.W. 157TH ST
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI FL 33014
TITLE		4.1 TITLE	PRESIDENT & CEO
NAME		4.2 NAME	ANTHONY PERL
STREET ADDRESS		4.3 STREET ADDRESS	4800 N.W. 157TH ST
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI FL 33014
TITLE		5.1 TITLE	CHIEF FINANCIAL OFFICER
NAME		5.2 NAME	JEFFREY S. BAROCHAS
STREET ADDRESS		5.3 STREET ADDRESS	4800 N.W. 157TH ST
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI FL 33014
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 proprietor 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 amendment with an address.

SIGNATURE:  J.S. BAROCHAS 4/6/98 305 623-8700

CR2E034 (10/97)