FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (5)681897 Q SYSTEMS INC.

## **FILED** Mar 11 1998 8:00am Secretary of State

- •				
Principal Plac	e of Business	Mailing Address		
134 EASTERN	N.FORK	134 EASTERN FORK		· ·
C/O THEODO	ŚRE J. HEYMAN	C/O THEODORE J. HEYM	IAN	
LONGWOOD FL 32750		LONGWOOD FL 32750		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 08/13/1980
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21 93c	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		TPARK DI	
Suite, Apt.		Suite, Apt. #, etc.	14	SR 75 Additional
22		27		5. Certificate of Status Desired Fee Required
Çity & State City & State			: 1/	Election Campaign Financing \$5.00 May Be
23 CELEBRATION FL 28 CHIEBRAT				Trust Fund Contribution
Zip	Country	23/17/1	Country	8. This corporation owes or has paid the current year Intanoible
24 347	7   25		30	Personal Property Tax due June 30. Yes You No  10. Name and Address of New Registered Agent
······································				
THE MAN THE CONTROL OF THE CONTROL O				
LONGWOOD FL 32750				at Address (P.O. Box Number is Not Acceptable)
LO	11011000 12 02100		83 7	30 WK 31 PARIEL DE.
			B4 City ≺	ALLBOATION FL 85 39941
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 Elorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar virth, and accept the obligations of Section 607.0505, Florida Statutes.				
SIGNATURE	18/11/11	511700	rad Gialdico.	1/21/98
SIGNATURE	Signature, typed or printed parease registered ag	ort and title if applicable (NOTE:	Registered Agent signature	rre required when reinstating) DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP /	☐ DELETE	1.1 TITLE	DP Addition
NAME	HEYMAN, THEODORE J.		1.2 NAME	THEOLAR J HRYANN
STREET ADDRESS	134 EASTERN FORK		1.3 STREET ADDRESS	92. 1140-0004 20
CITY-ST-ZIP	LONGWOOD FL ST	DELETE	1.4 CITY-ST-ZIP	930 WastPARK DA.
TITLE	HEYMAN, NANCY D.	L_J DECCIE	2.1 TITLE	NANCY HRYMAN Change Addition
NAME	134 EASTERN FORK		2.2 NAME	NANCY HRYMAN
STREET ADDRESS	LONGWOOD FL		2.3 STREET ADDRESS	930 WESTPARKDA.
CITY-ST-ZIP TITLE	EGITATIOOD I E	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	☐ Change ☐ Addition
NAME		— O.L.C. I	3.2 NAME	Change - Addition
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			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELET <b>e</b>	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	and find that the defense of the country of	Saturation Pitting along the control of the	6.4 CITY-ST-ZIP	
indicated (	on this annual report or supplementa	al annual report is true and accur	rate and that my sign	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information gnature 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 by on an attachment with an address.				