

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 21 Suite, Apt. #, etc. 200A 22 City & State 23 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 200A 27 City & State 28 29 Zip 30 Country
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3. Date Incorporated or Qualified 08/27/1996	3a. Date of Last Report
4. FEI Number 23-2257354	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and title if applicable

(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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97 (S61) 241-5251
Date Daytime Phone #

0339315

CR2E034 (9/96)