


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

FILED
Apr 24 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 # F97000001144 (1)

1. Corporation Name
K Q ASSOCIATES, INC.

Principal Place of Business

2440 UNITY AVE. NORTH
MINNEAPOLIS MN 55422

Mailing Address

2440 UNITY AVE. NORTH
MINNEAPOLIS MN 55422



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1821 N. Forest	26 1821 N. Forest
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Orlando, FL	28 City & State Orlando, FL
24 Zip 32803	29 Zip 32803
25 Country USA	30 Country USA

3. Date Incorporated or Qualified 03/05/1997	Applied For Not Applicable
4. FEI Number 41-1326338	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

QUINN, JAMES W
1821 N. FOREST AVE.
ORLANDO FL 32803

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P QUINN, JAMES W	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1821 N. FOREST AVE.	1.2 NAME	
STREET ADDRESS	ORLANDO FL 32803	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	V PORTER, DEBORAH A	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2440 UNITY AVE. NORTH	2.2 NAME	
STREET ADDRESS	MINNEAPOLIS MN 55422	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	ST QUINN, SONDRA J	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1821 N. FOREST AVE.	3.2 NAME	
STREET ADDRESS	ORLANDO FL 32803	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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 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:

James W. Quinn

4/20/98 407 894-4172

CR2E034 (10/97)