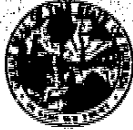


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Moriham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G20190 (6)

1. Corporation Name

QUALITY ELECTRONIC DESIGN, INC.

Principal Place of Business

Mailing Address

**% RAYMOND D. COURT
P.O. BOX 3062
MELBOURNE FL 32902**

**% RAYMOND D. COURT
P.O. BOX 3062
MELBOURNE FL 32902**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/25/1983** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2438028** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 6010 RIVERSIDE DRIVE 26 6010 RIVERSIDE DRIVE

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27

City & State City & State
23 MELBOURNE SHORES, FL 28 MELBOURNE SHORES, FL

Zip Country Zip Country
24 32951 25 32951 29 32951 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COURT, RAYMOND D.
6010 RIVERSIDE DR
MELBOURNE SHORES FL 32951**

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 607.1506, 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 date of appointment

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PVS
NAME	COURT, RAYMOND
STREET ADDRESS	6010 RIVERSIDE DR
CITY - ST - ZIP	MELBOURNE SHORES FL
TITLE	TD
NAME	COURT, RAYMOND
STREET ADDRESS	6010 RIVERSIDE DR
CITY - ST - ZIP	MELBOURNE SHORES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 in this filing, or on an attachment, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. D. COURT

4/20/95

(407) 725-9139