FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 20 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H57735** **(3)**

1. Corporation Name
QZ, INC.

Principal Place of Business	Mailing Address
200 S 6TH ST. PILLSBURY TAX DEPT. MINNEAPOLIS MN 55402	200 S 6TH ST. PILLSBURY TAX DEPT. MINNEAPOLIS MN 55402

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/20/1985**
3a. Date of Last Report: **04/15/1994**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-2539432** ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SDV	11 TITLE		☐ Change ☐ Addition
NAME	GIRESI, MARK A	12 NAME		
STREET ADDRESS	17777 OLD CUTLER DR.	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	AS	21 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, LESLIE R.	22 NAME		
STREET ADDRESS	200 SOUTH 6TH ST.	23 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN	24 CITY-ST-ZIP		
TITLE	PD	31 TITLE	DELETE	☒ Change ☐ Addition
NAME	CONRAD, BARRY L.	32 NAME		
STREET ADDRESS	17777 OLD CUTLER ROAD	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP		
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	FEOLA, EUGENE	42 NAME		
STREET ADDRESS	8150 SW 143RD STREET	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP		
TITLE	C	51 TITLE	DELETE	☒ Change ☐ Addition
NAME	GIBBONS, BERRY J.	52 NAME		
STREET ADDRESS	17777 OLD CUTLER ROAD	53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP		
TITLE	CEO	61 TITLE		☐ Change ☐ Addition
NAME	ADAMSON, JAMES B	62 NAME		
STREET ADDRESS	17777 OLD CUTLER RD.	63 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	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 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: X _____ 4/11/95 (612) 330-5186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LESLIE R. JOHNSON Date Daytime Phone #

0396189 CP