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

**PROFIT** CORPORATION, ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H57735

(3)

## **FILED** May 08 1997 8:00am Secretary of State

QZ, INC	•					
Principal Place of Business		Mailing Address		E TOULDEN OLDE DENTE LOUDIN EDUOD ENDEN BILLE 	81814 81014 01011 01011 01011 01012 1 <b>70</b> 1	
200 S ETH ST. PILLSBURY TAX DEPT.		200 S 6TH ST. PILLSBURY TAX DEPT.				
MINNEAPOLIS MN 55402		MINNEAPOLIS MN 55402-1403		Date Incorporated or Qualified	3a. Date of Last Report	
					05/20/1985	04/10/1996
2. Principal Place of Business 28. Mailing Address					4. FEI Number	Applied For
21 26 Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2539432	Not Applicable	
22 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing	\$5.00 May Be	
28					Trust Fund Contribution	Added to Fees
Zip	Country	Zip Country			8. This corporation has liability for i	
24	9. Name and Address of Current F	29	30			Yes No
OT (	CORPORATION SYSTEM	redisteren Wariit	81	Name	10. Name and Address of New Re	Jistered Agent
	S. PINE ISLAND ROAD					
	NTATION FL 33324		82	Street Ado	dress (P.O. Box Number is Not Acceptab	lo)
			83			
			84	City		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						
12.	Signature, typed or printed name of registered agmit a OFFICERS AND I	· · · · · · · · · · · · · · · · · · ·	L: Registered Age	nt signature requ	Fed when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE PROTORO IN 10
TITLE	SDV	DELETE	1,1 TOLE		ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME .	GIRESI, MARK A	<del></del>	1.2 NAME			
STREET ADDRESS	17777 OLD CUTLER DR.		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.≰ C(1) Y - S			
TITLE	AS	<b>™</b> DELETE	2.1 TOLE	A	5	Change 🔀 Addition
NAME	JOHNSON, LESLIE R.		2.2 NAME	P	OPPELE, DONAL	DR_
STREET ADDRESS	200 SOUTH 6TH ST. MINNEAPOLIS MN		2.3 STREET ADDRESS 2.0		00 SOUTH SIXTH	STREET
CITY-ST-ZIP TITLE	V WINNEAPOLIS MIN	<b>⊠</b> DITUE	2 4 CHY-5 3.1 TITLE	31- ZIP //	NINNEA POLIS IN	Change Addition
NAME	FEOLA, EUGENE	90 0000	3.2 NAM[			
STREET ADDRESS	8150 SW 143RD STREET		3.3 STREET	ADDRESS /	1266-1E, COLING	n 2005
CITY-ST-ZIP	MIAMI FL		3.4 CHY-5	31-7IP //	7777 OLD QUILE	K KUHII
TITLE	CEO	X DELETE	4.1 104.6	$\perp$	P	Change Addition
NAME	LOWES, ROBERT C	<b>/</b> ·	4.2 NAME @		LAYTON, PAUL	
STREET ADDRESS	17777 OLD CUTLER RD.		4.3 STREET	ADDRESS )	LAYTON, PAUL 7777 OLD C-UTLE 1/AM/ FL 33/	3R ROAD
CiTY-ST-ZIP	MIAMI FL	T out of	4.4 CITY-S	1-7H' 17	1/A M/ FL 33/3	57
TITLE NAME	•	[] DELETE	5.1 TITLE			Change Addition
STREET ADDRESS			5.2 NAME 5.3 STREET	VIVIBLE GE		
City-ST-ZIP			5.4 CITY - S			
TITLE		DELETE	6.1 TITLE	1 411		Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP		····	64 CITY-S	T - 7IP		
14. I do hereb informatio I am an o appears i	by certify that the information supplied vinindicated on this annual report or supflicer or director of the corporation or the Block 12 or Block 13 if changed, or of	vith this filing does not buali pleffiental abrogal report is to proceiver or truster complet of an attriction on with an ad-	fy for the exe true and accu vered to exec dress.	mption state trate and that ute this repo	d in Section 119.07(3)(i), Florida Statutes at my signature shall have the same legal ort as required by Chapter 607, Florida S	<ul> <li>I further certify that the l effect as if made under eath; that tatutes; and that my name</li> </ul>