

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H82814** (5)
1. Corporation Name
QSYS CORPORATION

Principal Place of Business
**P O BOX 560352
MIAMI FL 33256**

Mailing Address
**P O BOX 560352
MIAMI FL 33256**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **10/23/1985** 3a. Date of Last Report **06/13/1994**

4. FEI Number **59-2594788** 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 Fla. Stat. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt #, etc

26 Suite Apt #, etc

22 City & State

27 City & State

23

28

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DATRAM CORPORATE AGENTS, INC.
9100 S DADELAND BLVD
STE 1003
MIAMI FL 33156**

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 607.04(2) 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 607.04(2), Florida Statutes.

SIGNATURE

(Signature must be printed and typed on printed name of signing officer or director)

(Signature must be printed and typed on printed name of signing officer or director)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

101 NAME
102 STREET ADDRESS
103 CITY & STATE

**PD
HODGES, JOHN
250 BIRD ROAD
CORAL GABLES FL**

111 NAME
112 STREET ADDRESS
113 CITY & STATE

☐ Change ☐ Addition

104 NAME
105 STREET ADDRESS
106 CITY & STATE

**SD
HODGES, CARLA
250 BIRD ROAD
CORAL GABLES FL**

121 NAME
122 STREET ADDRESS
123 CITY & STATE

☐ Change ☐ Addition

107 NAME
108 STREET ADDRESS
109 CITY & STATE

131 NAME
132 STREET ADDRESS
133 CITY & STATE

☐ Change ☐ Addition

110 NAME
111 STREET ADDRESS
112 CITY & STATE

141 NAME
142 STREET ADDRESS
143 CITY & STATE

☐ Change ☐ Addition

113 NAME
114 STREET ADDRESS
115 CITY & STATE

151 NAME
152 STREET ADDRESS
153 CITY & STATE

☐ Change ☐ Addition

116 NAME
117 STREET ADDRESS
118 CITY & STATE

161 NAME
162 STREET ADDRESS
163 CITY & STATE

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(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 if changed or on an attachment with an addition.

SIGNATURE:

[Signature]

JOHN K. HODGES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/95

(305) 445-0718