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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J15822** (6)

1. Corporation Name

QUALICOM SYSTEMS, INC.



Principal Place of Business

**2100 ELECTRONICS LANE
FORT MYERS FL 33912**

Mailing Address

**2100 ELECTRONICS LANE
FORT MYERS FL 33912**

3. Date Incorporated or Qualified

05/22/1986

3a. Date of Last Report

03/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**SOLOMON, GENE
1342 COLONIAL BLVD.
SUITE 11
FORT MYERS FL 33907**

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 the filer (if applicable)

(NOTE: Registered Agent's signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD
DWYER, JAMES A., JR.**
STREET ADDRESS **2100 ELECTRONICS LN.**
CITY-ST-ZIP **FORT MYERS FL**

TITLE ☐ DELETE

NAME **VTD
DWYER, NANCY L.**
STREET ADDRESS **2100 ELECTRONICS LANE**
CITY-ST-ZIP **FT. MYERS FL**

TITLE ☐ DELETE

NAME **D
DWYER, MARY JOSEPHINE**
STREET ADDRESS **2100 ELECTRONICS LANE**
CITY-ST-ZIP **FT. MYERS FL**

TITLE ☐ DELETE

NAME **SD
WINSTEL, DAVID R.**
STREET ADDRESS **2100 ELECTRONICS LANE**
CITY-ST-ZIP **FT. MYERS FL**

TITLE ☐ DELETE

NAME **S
DWYER, CHRISTOPHER B.**
STREET ADDRESS **2100 ELECTRONICS LANE**
CITY-ST-ZIP **FT. MYERS FL**

TITLE ☐ DELETE

NAME **T
MANN, DOROTHY L.**
STREET ADDRESS **2100 ELECTRONICS LANE**
CITY-ST-ZIP **FT. MYERS FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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, changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96

Date

941-481-8700

Office Phone #

CR2E034 (12/95)