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Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 33912-1605

3. Date Incorporated or Qualified
05/22/1986

3a. Date of Last Report
04/23/1996

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

4. FEI Number

59-2684589

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

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☐ DELETE
NAME	DWYER, JAMES A., JR.	
STREET ADDRESS	2100 ELECTRONICS LN.	
CITY-STATE-ZIP	FORT MYERS FL	
TITLE	VTD	☐ DELETE
NAME	DWYER, NANCY L.	
STREET ADDRESS	2100 ELECTRONICS LANE	
CITY-STATE-ZIP	FT. MYERS FL	
TITLE	D	☒ DELETE
NAME	DWYER, MARY JOSEPHINE	
STREET ADDRESS	2100 ELECTRONICS LANE	
CITY-STATE-ZIP	FT. MYERS FL	
TITLE	SD	☐ DELETE
NAME	WINSTEL, DAVID R.	
STREET ADDRESS	2100 ELECTRONICS LANE	
CITY-STATE-ZIP	FT. MYERS FL	
TITLE	S	☐ DELETE
NAME	DWYER, CHRISTOPHER B.	
STREET ADDRESS	2100 ELECTRONICS LANE	
CITY-STATE-ZIP	FT. MYERS FL	
TITLE	T	☐ DELETE
NAME	MANN, DOROTHY L.	
STREET ADDRESS	2100 ELECTRONICS LANE	
CITY-STATE-ZIP	FT. MYERS FL	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	ASST. SECTY. DIRECTOR
3.3 STREET ADDRESS	VIRGINIA E. DWYER
3.4 CITY-STATE-ZIP	2100 ELECTRONICS LANE
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	FT MYERS, FL 33912
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-97

Date

Daytime Phone #

CR2E034 (9/96)