

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90151 031 ***158.75

DOCUMENT # J15822

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

05/22/1986

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 owes the current year Intangible
Personal Property Tax. ☐ 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

Signature, typed or printed name of registered agent and title if applicable.

(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-ST-ZIP FORT MYERS FL

1.1 TITLE T ☐ Change ☒ Addition
1.2 NAME DWYER, CINDY
1.3 STREET ADDRESS 2100 Electronics Ln.
1.4 CITY-ST-ZIP Fort Myers, FL.

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

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Lucretia Dwyer
2.3 STREET ADDRESS 2100 Electronics Ln.
2.4 CITY-ST-ZIP Fort Myers, FL.

TITLE ASD ☐ DELETE
NAME DWYER, VIRGINIA E.
STREET ADDRESS 2100 ELECTRONICS LANE
CITY-ST-ZIP FT. MYERS FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME MONTERO, THERESA COX
STREET ADDRESS 2100 ELECTRONICS LANE
CITY-ST-ZIP FT. MYERS FL 33912

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 April 99 941
481 8700

Date

Daytime Phone #

0448809

CR2E034 (11/98)