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

FILED May 21 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1**9**98 DOCUMENT # J51311 (5)GRQ SYSTEMS, INC. Principal Place of Business Mailing Address 1712 KINGSLEY AVE. P.O. BOX 47067 SUITE 6 JACKSONVILLE FL 3227-067 DO NOT WRITE IN THIS SPACE **ORANGE PARK FL 23073** 3. Date Incorporated or Qualified 01/12/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For PO BOX 8049 ARLINGTON EXW 350157 59-2754029 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired uite Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Jacksonville \Box 23 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible DUUAL DUVAL 32235-0157 30 ΠNo 24 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name _ANSBACHER, LEWIS NSBACHE BARRY B. ANSBACHER -4215 GOUTHPOINT BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 2450 RIVERPLACE TOWER KIDER 83 JACKBONVILLE FL 92218 1301 RIVERPLACE BLVD. JACKSONVILLE, FL 32207 Zip Code 32207 84 11. Pursuant to the provisions of Sections 607.05:02 and 607.15:08, 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 Tables Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 E034 (10/97 DELETE Change Addition TITLE 1.1 IIILE HIBBARD, WILLIAM K. NAME 1.2 NAME **4836 HARBOUR NORTH COURT** STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP SID DELETE Change Addition TITLE 2.1 TITLE CLARK, JEFFREY J. NAME 2.2 NAME 1481 FRECKLES CT. STREET ADDRESS 2.3 STREET ADDRESS **ORANGE PARK FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREFT ADDRESS CITY-ST-ZIP 3 4. CHY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADORESS 4 3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

6.4 CITY - S1 - ZIP

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, if 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

CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an attachment with an address.