

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jeffrey B. Thompson
Secretary of State
1000 North West Capitol Mall
Tallahassee, Florida 32304-0001

APPROVED
AND
FILED

DOCUMENT # J58238

(3)

95 MAY -1 PM 10:26

SECRET OF STATE
TALLAHASSEE, FLORIDA

QXI, INC.

1510 NINTH ST. N.
ST. PETERSBURG FL 33704

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ST. PETERSBURG FL 33704

2. Filing of this report is required by Florida Statute, Chapter 607, Section 607.01(1).		3. Date the corporation organized: 02/13/1987		3a. Date of last report: 04/26/1994	
21. Officer, Agent, or Director: [blank]		26. Officer, Agent, or Director: [blank]		4. Telephone: 59-2771972	
22. Officer, Agent, or Director: [blank]		27. Officer, Agent, or Director: [blank]		5. Certificate of Status (Required): [blank]	
23. Officer, Agent, or Director: [blank]		28. Officer, Agent, or Director: [blank]		6. Election Campaign Expenses (Required): [blank]	
24. Officer, Agent, or Director: [blank]		29. Officer, Agent, or Director: [blank]		7. This corporation has liability for attorney's fees under the Florida Statutes: ☒ Yes ☐ No	

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COHEN, MARVIN
2038 CAROLINA AVE NE
ST. PETERSBURG FL 33703

81. Name: [blank]
82. Street Address (Not Box Number or Post Office Address): [blank]

FL

85. Zip Code: [blank]

11. I, the undersigned, certify that the information supplied with the filing of this report is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida. I am a resident of the State of Florida because I have lived in the State of Florida for at least 12 months immediately preceding the filing of this report. I am a resident of the State of Florida because I have lived in the State of Florida for at least 12 months immediately preceding the filing of this report. I am a resident of the State of Florida because I have lived in the State of Florida for at least 12 months immediately preceding the filing of this report.

12. Name and Address of Officer, Agent, or Director	13. Name and Address of Officer, Agent, or Director
DP COHEN, MARVIN 2038 CAROLINA AVE NE ST. PETERSBURG FL VST COHEN, DONNA 2038 CAROLINA AVE NE ST. PETERSBURG FL DVA DYKES, TOMMY 2020 W. MCNAB RD. FT. LAUDERDALE FL	[blank]

14. I, the undersigned, certify that the information supplied with the filing of this report is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida. I am a resident of the State of Florida because I have lived in the State of Florida for at least 12 months immediately preceding the filing of this report. I am a resident of the State of Florida because I have lived in the State of Florida for at least 12 months immediately preceding the filing of this report. I am a resident of the State of Florida because I have lived in the State of Florida for at least 12 months immediately preceding the filing of this report.

SIGNATURE: Donna Cohen DCohen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

42695 813 522-2038