SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # J58238 (3)

1. Corporation Name
QXI, INC.

Principal Place of Business	Mailing Address
1510 NINTH ST. N. ST. PETERSBURG FL 33704	1510 NINTH ST. N. ST. PETERSBURG FL 33704

3. Date Incorporated or Qualified: 02/13/1987
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 10240 W. SAMPLE RD	26 10240 W. SAMPLE RD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23 CORAL SPRINGS, FL	City & State 28 CORAL SPRINGS, FL
Zip 24 33065 Country 25 BROWARD	Zip 29 33065 Country 30 BROWARD

4. FEI Number: 59-2771972 ☐ 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

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

10. Name and Address of New Registered Agent

81 Name: TOMMY DYKES
82 Street Address (P.O. Box Number is Not Acceptable): 10240 W. SAMPLE RD
83
84 City: CORAL SPRINGS FL 85 Zip Code: 33065

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: Tommy Dykes TOMMY DYKES 6/5/96
(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	DP	☑ DELETE	1.1 TITLE	DP	☑ Change ☐ Addition
NAME	COHEN, MARVIN		1.2 NAME	TOMMY DYKES	
STREET ADDRESS	2038 CAROLINA AVE NE		1.3 STREET ADDRESS	6230 NW 98 DR	
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP	PARKLAND, FL 33076	
TITLE	VST	☑ DELETE	2.1 TITLE	DV	☑ Change ☐ Addition
NAME	COHEN, DONNA		2.2 NAME	CLIFF KEMP	
STREET ADDRESS	2038 CAROLINA AVE NE		2.3 STREET ADDRESS	127 W. CHURCH AVE	
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE	DVA	☑ DELETE	3.1 TITLE	ST	☑ Change ☐ Addition
NAME	DYKES, TOMMY		3.2 NAME	TOMMY DYKES	
STREET ADDRESS	2020 W. MCNAB RD.		3.3 STREET ADDRESS	6230 NW 98 DR	
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4 CITY-ST-ZIP	PARKLAND, FL 33076	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Tommy Dykes TOMMY DYKES 6/5/96 954-341-1440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #