

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

FILED  
Apr 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J58603 (8)  
1. Corporation Name  
QUIPP SYSTEMS, INC.

Principal Place of Business Mailing Address  
4800 N.W. 157H STREET 4800 N.W. 157H STREET  
HALEAH FL 33014 HALEAH FL 33014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/20/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2306191	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		81 Name		10. Name and Address of New Registered Agent	
		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	PCEO	1.1 TITLE	DIRECTOR
NAME	KIPP, LOUIS	1.2 NAME	KIPP, LOUIS
STREET ADDRESS	4800 N.W. 157TH STREET	1.3 STREET ADDRESS	4800 N.W. 157TH ST
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33014
TITLE	D	2.1 TITLE	PRESIDENT & CEO
NAME	KIPP, LOUIS	2.2 NAME	Anthony Per
STREET ADDRESS	4800 N.W. 157TH STREET	2.3 STREET ADDRESS	4800 N.W. 157TH ST
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33014
TITLE		3.1 TITLE	EX V.P.
NAME		3.2 NAME	CHRISTOPHER STOGG
STREET ADDRESS		3.3 STREET ADDRESS	4800 N.W. 157TH ST
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI, FL 33014
TITLE		4.1 TITLE	CHIEF FINANCIAL OFFICER
NAME		4.2 NAME	JEFFREY BAROCHAS
STREET ADDRESS		4.3 STREET ADDRESS	4800 N.W. 157TH ST
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI, FL 33014
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: J. S. BAROCHAS 4/6/98 305-6238700

CR2E034 (10/97)