

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 20 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L69533** (2)

1. Corporation Name
QUALITY COMPUTER SERVICES, INC.

Principal Place of Business Mailing Address
C/O JEFFREY E. RABIN **C/O JEFFREY E. RABIN**
13902 N DALE MABRY 270 **13902 N DALE MABRY 270**
TAMPA FL 33618 **TAMPA FL 33618**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/30/1990** 3a. Date of Last Report **04/20/1994**

4. FEI Number **59-3005537** 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

2. Principal Place of Business 2a. Mailing Address
21 **3802 EHRlich ROAD** 26 **P.O. Box 274084**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **SUITE 209** 27
City & State City & State
23 **TAMPA, FLORIDA** 28 **TAMPA, FLORIDA**
Zip Country Zip Country
24 **33624** 25 **USA** 29 **33688-4084** 30 **USA**

9. Name and Address of Current Registered Agent
RABIN, JEFFREY E.
13612 SOUTH VILLAGE DR.
UNIT #5305
TAMPA FL 33624

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	PS
NAME	RABIN, JEFFREY E.
STREET ADDRESS	13612 S. VILLAGE DR.
CITY-ST-ZIP	TAMPA FL
TITLE	VT
NAME	MANN, SCOTT D.
STREET ADDRESS	4255 W. HUMPHREY ST.
CITY-ST-ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VT Scott Mann
2.3 STREET ADDRESS	703 Carlisplatz
2.4 CITY-ST-ZIP	Lutz, FL 33549
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(3)(a), 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 applicable, or on an attachment with an address.

SIGNATURE: *J. E. Rabin* **JEFFREY E. RABIN** 4/15/95 **(813) 968-5091**
Signature and Title or Printed Name of Signing Officer or Director Date (Daytime Phone #)