

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L69533 (2)
1. Corporation Name
QUALITY COMPUTER SERVICES, INC.



Principal Place of Business: **3802 EHRlich RD SUITE 209 TAMPA FL 33624 US**
Mailing Address: **P O BOX 274084 13902 N DALE MABRY 270 TAMPA FL 33688-4084 US**

3. Date Incorporated or Qualified: **04/30/1990**
3a. Date of Last Report: **04/20/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number 59-3005537	Applied For	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Country	30	Country				

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

81 Name: **Rabin, Jeffrey E.**
82 Street Address (P.O. Box Number is Not Acceptable): **4316 Hawks Nest Drive**
83
84 City: **Lutz** FL 85 Zip Code: **33549**

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]* (Address Change Only) **4/15/96**
NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS RABIN, JEFFREY E. <input type="checkbox"/> DELETE	1.1 TITLE	PS Rabin, Jeffrey E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RABIN, JEFFREY E.	1.2 NAME	Rabin, Jeffrey E.
STREET ADDRESS	13612 S. VILLAGE DR.	1.3 STREET ADDRESS	4316 Hawks Nest Drive
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Lutz, FL, 33549
TITLE	VT MANN, SCOTT D. <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	MANN, SCOTT D.	2.2 NAME	
STREET ADDRESS	703 CARLSPULTA	2.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Scott Mann** **4/15/96** **(813) 968-5091**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)