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Apr 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # L96838

(2)

1. Corporation Name  
QUALITY COMPUTER FORMS, INC.



Principal Place of Business

402 S.W. 33RD AVE.  
OCALA FL 34474  
US

Mailing Address

402 S.W. 33RD AVE.  
OCALA FL 34474-1923  
US

3. Date Incorporated or Qualified <b>08/30/1990</b>	3a. Date of Last Report <b>03/29/1996</b>
4. FEI Number <b>59-3026252</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**BOBBITT, DELBERT**  
402 S.W. 33RD AVENUE  
OCALA FL 34474-1923

10. Name and Address of New Registered Agent

81 Name

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CASSNER, ALVIN B.</b>
STREET ADDRESS	<b>4301 GULF SHORE BLVD.</b>
CITY - ST - ZIP	<b>NAPLES FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CASSNER, ALICE E.</b>
STREET ADDRESS	<b>4301 GULF SHORE BLVD.</b>
CITY - ST - ZIP	<b>NAPLES FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CASSNER, JON H.</b>
STREET ADDRESS	<b>835 S. HIGH ST.</b>
CITY - ST - ZIP	<b>HILLSBORO OH</b>
TITLE	<b>CS</b> <input type="checkbox"/> DELETE
NAME	<b>CASSNER, CURTIS B</b>
STREET ADDRESS	<b>835 S HIGH ST</b>
CITY - ST - ZIP	<b>HILLSBORO OH</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
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 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/97  
513-393  
-3426  
Date Daytime Phone #

CR2E034 (9/96)