

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

FILED

Jan 30 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 # 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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 866 97th Ave North Suite, Apt. #, etc.		2a. Mailing Address 26 835 S. High Street Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/30/1990	
22 City & State 23 Naples, FL 24 Zip 33963 25 Country USA		27 City & State 28 Hillsboro, OH 29 Zip 45133 30 Country USA		4. FEI Number 59-3026252 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BOBBITT, DELBERT 402 S.W. 33RD AVENUE OCALA FL 34474-1023				10. Name and Address of New Registered Agent 81 Name Alvin B. Cassner 82 Street Address (P.O. Box Number is Not Acceptable) 4301 Gulf Shore Blvd 83 Unit 302 Park Plaza 84 City Naples FL 85 Zip Code 33940			
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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 Alvin B. Cassner (NOTE: Registered Agent signature required when reinstating) January 14, 1998

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSNER, ALVIN B.	1.2 NAME	
STREET ADDRESS	4301 GULF SHORE BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSNER, ALICE E.	2.2 NAME	
STREET ADDRESS	4301 GULF SHORE BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSNER, JON H.	3.2 NAME	
STREET ADDRESS	835 S. HIGH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO OH	3.4 CITY-ST-ZIP	
TITLE	CS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSNER, CURTIS B	4.2 NAME	
STREET ADDRESS	835 S HIGH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO OH	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Alvin B. Cassner Curtis Cassner Sec. 1/18/98 937 393-3426

CR2E034 (10/97)