
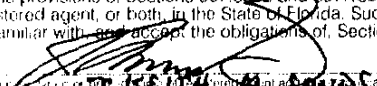
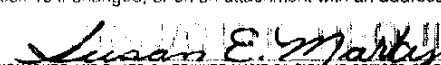


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 21 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 # M65823 (0)			
1. Corporation Name QMTD INC.			
Principal Place of Business % LAWRENCE R. PATTERSON 3010 THIRD ST., S. STE. A JACKSONVILLE BEACH FL 32250		Mailing Address % LAWRENCE R. PATTERSON 3010 THIRD ST., S. STE. A JACKSONVILLE BEACH FL 32250-6073	
2. Principal Place of Business 21 MONKEYS UNCLE TAVERN Suite, Apt. #, etc. 22 10601-30 SAN JOSE BLVD. City & State 23 JACKSONVILLE, FL. Zip 24 32257		2a. Mailing Address 26 J. Keith M. Sands, Esq. Suite, Apt. #, etc. 27 1551 Atlantic Blvd., Ste. 200 City & State 28 Jacksonville, FL Zip 29 32207 Country 30 DUVAL	
9. Name and Address of Current Registered Agent PATTERSON, LAWRENCE R. 3010 THIRD STREET SOUTH SUITE A JACKSONVILLE BEACH FL 32250		10. Name and Address of New Registered Agent 81 Name J. KEITH M. SANDS 82 Street Address (P.O. Box Number is Not Acceptable) 1551 ATLANTIC BLVD. SUITE 200 83 84 City JACKSONVILLE FL 85 Zip Code 32207	
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MARTYN, JAMES 10601-30 SAN JOSE BLVD JACKSONVILLE FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MARTYN SUSAN E. 10601-30 SAN JOSE BLVD. JACKSONVILLE FL. <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Susan E. Martyn - 24-97 904-260-1349 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			



CR2E034 (9/96)