

FILE NOW: FILING FEE AFTER 5/1/97

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
97 APR 28 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M90-821 (9)
1. Corporation Name

QUALITY MANAGEMENT CONCEPTS INC.

Principal Place of Business: 18320 CITATION ST. LUTZ FL 33549 US
Mailing Address: P O BOX 1005 LUTZ FL 33548-1005 US

3. Date Incorporated or Qualified: 07/25/1988
3a. Date of Last Report: 2/12/96
4. FEI Number: 59-3269267
5. Certificate of Status Desired: **Fee Required**
6. Election Campaign Financing Trust Fund Contribution:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 Sulte, Apt. #, etc.
22 City & State
23 Zip
24 Country
2a. Mailing Address
26 P.O. Box 1005
27 Sulte, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent
DUNN, ARLENE
18320 CITATION ST.
LUTZ FL 33549

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: *Arlene Dunn* DATE: 4/21/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, RICHARD V	12 NAME	
STREET ADDRESS	18320 CITATION ST	13 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	14 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, ARLENE V	22 NAME	
STREET ADDRESS	18320 CITATION ST	23 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	24 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, CHARLES	32 NAME	400002159914
STREET ADDRESS	3401 N. LAKE DR., #308	33 STREET ADDRESS	-04/30/97--01021--031
CITY-ST-ZIP	TAMPA FL 33618	34 CITY-ST-ZIP	***173.75
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(l), 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. 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, changed, or on an attachment with an address.

SIGNATURE: *Arlene Dunn* DATE: 4/21/97 (813) 948-7967