

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

FILED  
Mar 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P03214** (4)  
1. Corporation Name  
**QMS CIRCUITS, INC.**

Principal Place of Business <b>40 HILL AVENUE FT. WALTON BEACH FL 32548-3858</b>	Mailing Address <b>40 HILL AVENUE FT. WALTON BEACH FL 32548-3858</b>
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/30/1984</b>	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number <b>59-2420744</b>	Applied For Not Applicable
22 City & State	27	29 City & State	30	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. 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					

8. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALSTADT, RAYMOND</b>	1.2 NAME	<b>JOSEPH A. NIKANEJADI</b>
STREET ADDRESS	<b>1 MAGNUM PASS</b>	1.3 STREET ADDRESS	<b>ONE MAGNUM PASS</b>
CITY-ST-ZIP	<b>MOBILE AL</b>	1.4 CITY-ST-ZIP	<b>MOBILE AL 36618</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARKER, DONALD L.</b>	2.2 NAME	
STREET ADDRESS	<b>ONE MAGNUM PASS</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MOBILE, AL 36695</b>	2.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>STD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WIGGINS, RICHARD A</b>	3.2 NAME	<b>RICHARD A. WIGGINS</b>
STREET ADDRESS	<b>ONE MAGNUM PASS</b>	3.3 STREET ADDRESS	<b>ONE MAGNUM PASS</b>
CITY-ST-ZIP	<b>MOBILE AL</b>	3.4 CITY-ST-ZIP	<b>MOBILE AL 36618</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<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.

CP2E034 (10/97)

3/2/98

QMS CIRCUITS, INC.  
FIN 59-2420744

OFFICERS, TITLES	BUSINESS ADDRESS	RESIDENTIAL ADDRESS
Joseph H. Niknejadi President SSN 578-66-5397	One Magnum Pass Mobile, AL 36618	2616 Charlotte Oaks Mobile, AL 36695
Richard A. Wiggins Secretary and Treasurer SSN 046-42-6924	One Magnum Pass Mobile, AL 36618	6454 Jackson's Oak Dr. Daphne, AL 36526

DIRECTORS	BUSINESS ADDRESS	RESIDENTIAL ADDRESS
Joseph H. Niknejadi SSN 578-66-5397	One Magnum Pass Mobile, AL 36618	2616 Charlotte Oaks Mobile, AL 36695
Richard A. Wiggins SSN 046-42-6924	One Magnum Pass Mobile, AL 36618 (334) 633-4300	6454 Jackson's Oak Dr. Daphne, AL 36526