

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jan 14 1997 8:00am  
Secretary of State

DOCUMENT # P92000013378 (4)

1. Corporation Name

QUALITY MANAGEMENT SYSTEMS, INC.



Principal Place of Business

Mailing Address

8310 LA RESERVE CIRCLE  
TAMARAC FL 33321  
US

8310 LA RESERVE CIRCLE  
TAMARAC FL 33321  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ANDERSON, STUART  
5881 N.W. 151ST ST.  
#200  
MIAMI LAKES FL 33014-2412

3. Date Incorporated or Qualified

12/22/1992

3a. Date of Last Report

01/23/1996

4. FEI Number

65-0376939

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes



No

10. Name and Address of New Registered Agent

81 Name

ANDERSON, STUART

82 Street Address (P.O. Box Number is Not Acceptable)

8310 LA RESERVE CIRCLE

83

84 City

TAMARAC

FL

85 Zip Code

33321

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

TITLE NAME ☐ DELETE

ST  
ANDERSON, STUART  
5881 N.W. 151ST., #200  
MIAMI LAKES FL 33014-2412

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME ☒ Change ☐ Addition

13 STREET ADDRESS ADDRESS

14 CITY - ST - ZIP

21 TITLE 22 NAME ☐ Change ☐ Addition

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE 32 NAME ☐ Change ☐ Addition

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE 42 NAME ☐ Change ☐ Addition

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE 52 NAME ☐ Change ☐ Addition

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE 62 NAME ☐ Change ☐ Addition

63 STREET ADDRESS

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)(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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-98 854228227

CR2E034 (9/96)