

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P93000060561 (6)**

1. Corporation Name

TOTAL QUALITY SYSTEMS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 16 AM 10:37

Principal Place of Business: 3101 NORTH FEDERAL HIGHWAY SUITE 500 FORT LAUDERDALE FL 33306
Mailing Address: 3101 NORTH FEDERAL HIGHWAY SUITE 500 FORT LAUDERDALE FL 33306

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/26/1993
3a. Date of Last Report: 03/17/1994
4. FEI Number: 65-0454475
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This Corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 900 N. Federal Hwy. 22 Suite 310 23 Boca Raton, FL 24 33432
2a. Mailing Address: 26 900 N. Federal Hwy. 27 Suite 310 28 Boca Raton, FL 29 33432 30

9. Name and Address of Current Registered Agent: TYSON, FRANK P JR 3101 NORTH FEDERAL HIGHWAY SUITE 500 FORT LAUDERDALE FL 33306

10. Name and Address of New Registered Agent: 81 Name: TYSON, FRANK P. JR. 82 Street Address (P.O. Box Number is Not Acceptable): 900 N. Federal Highway 83 Suite 310 84 City: Boca Raton FL 85 Zip Code: 33432

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) _____ (Printed Name of Registered Agent and the # of shares owned) _____ (Date)

12. OFFICERS AND DIRECTORS	
TITLE: P	NAME: TYSON, JR. F STREET ADDRESS: 3101 N FEDERAL HIGHWAY #500 CITY ST ZIP: FORT LAUDERDALE FL
TITLE: VP	NAME: GOTO, MAKOTO STREET ADDRESS: 3450 OCEAN BLVD #801 CITY ST ZIP: COCOA BEACH FL
TITLE:	NAME:
TITLE:	NAME:
TITLE:	NAME:
TITLE:	NAME:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME:	
13 STREET ADDRESS:	900 N. Federal Hwy. #310
14 CITY ST ZIP:	Boca Raton, FL 33432
21 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME:	
23 STREET ADDRESS:	900 N. Federal Hwy. #310
24 CITY ST ZIP:	Boca Raton, FL 33432
31 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME:	
33 STREET ADDRESS:	
34 CITY ST ZIP:	
41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME:	
43 STREET ADDRESS:	
44 CITY ST ZIP:	
51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME:	
53 STREET ADDRESS:	
54 CITY ST ZIP:	
61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME:	
63 STREET ADDRESS:	
64 CITY ST ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 140.02(3)(b), Florida Statutes. I further certify that the information included 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, in on an attachment with an address.

SIGNATURE: *Frank P. Tyson, Jr.* FRANK P. TYSON, JR. 613-95 407-368-0102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature/Phone #)