

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

PROFIT  
CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000060561 (6)

1. Corporation Name

TOTAL QUALITY SYSTEMS, INC.



Principal Place of Business

Mailing Address

900 NFD HWY  
STE 310  
BOCA RATON FL 33432  
US

900 N FED HWY  
STE 310  
BOCA RATON FL 33432  
US

3. Date Incorporated or Qualified

08/26/1993

3a. Date of Last Report

06/16/1995

2. Principal Place of Business

21 2891 E. Ocean Blvd.

Suite, Apt. #, etc.

2a. Mailing Address

26 2891 E. Ocean Blvd.

Suite, Apt. #, etc.

22 City & State

23 Stuart, Florida

24 Zip Country

34996 US

27 City & State

28 Stuart, Florida

29 Zip Country

34996 US

30 US

4. FEI Number

65-0454475

Applied For

Not Applicable

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 ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TYSON, FRANK P JR  
9800 N FED HWY  
STE 310  
BOCA RATON FL 33432

81 Name

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

2891 E. Ocean Blvd.

83

84 City

Stuart

FL

85 Zip Code

34996

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 filer (applicant)

(NOTE: Registered Agent signature required when reinstating)

1-29-96

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

P  
NAME: TYSON, JR. F  
STREET ADDRESS: 900 N FED HWY STE 310  
CITY-ST-ZIP: BOCA RATON FL

☐ DELETE

1.2 TITLE

VP  
NAME: GOTO, MAKOTO  
STREET ADDRESS: 900 N FED HWY STE 310  
CITY-ST-ZIP: BOCA RATON FL

☐ DELETE

1.3 TITLE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

☐ DELETE

1.4 TITLE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

☐ DELETE

1.5 TITLE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

☐ DELETE

1.6 TITLE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

12 NAME  
13 STREET ADDRESS: 2891 E. Ocean Boulevard  
14 CITY-ST-ZIP: Stuart, Florida 34996

☐ Change ☐ Addition

2.1 TITLE

22 NAME  
23 STREET ADDRESS: 2891 E. Ocean Boulevard  
24 CITY-ST-ZIP: Stuart, Florida 34996

☐ Change ☐ Addition

3.1 TITLE

32 NAME  
33 STREET ADDRESS:  
34 CITY-ST-ZIP:

☐ Change ☐ Addition

4.1 TITLE

42 NAME  
43 STREET ADDRESS:  
44 CITY-ST-ZIP:

☐ Change ☐ Addition

5.1 TITLE

52 NAME  
53 STREET ADDRESS:  
54 CITY-ST-ZIP:

☐ Change ☐ Addition

6.1 TITLE

62 NAME  
63 STREET ADDRESS:  
64 CITY-ST-ZIP:

☐ Change ☐ Addition

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 119.07(3)(k), 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 recorder 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-29-96

Daytime Phone #

4072754953

CR2E034 (12/95)