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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P94000019741 (5)

DOCUMENT #
1. Corporation Name
Q.B.I., INC.

Principal Place of Business

Mailing Address

 	INCOME.	BEIN BEIM	BOLL BOLD	11 DEC 18 (1)	1850 1186	11181 (88)

760† DELLA SUITE 228 ORLANDO FL		7801 DELLA DR. SUITE 228 ORLANDO FL 32819		Date Incorporated or Quartied 03/10/1994	3a. Date of Last Report 03/08/1995	
2. Principal Plac	e of Business	2a. Mailing Address	$\boldsymbol{\Omega}$	4. FEI Number	Applied For	
21 750	9 Pinemount	7509	Pinemount	59-3234832	Not Applicable	
Suite, Apt. #,	etc.	Suite, Apt. #7 etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23 DE 141	uso, #L.	28 ORIAN	DO FL Sountry 30 ORANGE	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24 328	19 25 ORANGE	29 32819	30 OLANG F		No	
	9. Name and Address of Current	Registered Agent	7-	10. Name and Address of New F	Registered Agent	
7601 DE SUITE 2	Allen C Ella dr. 128 Do Fl 32819		82 Street Addr 83	nes Alleu ess (P.O. Elementer is Not Acceptate 9 Pine moun	1 50 DE 85 Zocob 10	
or registered familiar with SIGNATURE	d agent of Joth, in the San of Floriti , and a coust the obligation of. Saltic	and 607.1508, Florida Statu Such change was author n 607.0505, Florida Statute	ized by the corporation's boar	ANDO ation submits this statement for the purific directors. I hereby accept the app Tones	rpose of changing its registered office continent as registered agent. I am	
12.	igrature Ayped or placed name of manters Lagent a OFFICERS AND	FIDECTORS (*	13.	ADDITIONS/CHANGES TO DEE	FICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1 1 TILLE	7,0071071070717110707107071	☐ Change ☐ Addition	
NAME	JONES, ALLEN C					
			1.2 NAIVE	acas Pinemai	int DR	
STREET ADDRESS	7001 DELLA DR., SUITE 228		1.3 STREET ADDRESS		.,,,	
CITY - ST - ZIP	ORLANDO FL 32819	□ DELE1E	1.4 CITY - \$T - ZIF	9509 Pinemou	Change Addition	
TITLE	D	☐ DELETE				
NAME	JONES, ELIZABETH A		2.2 NAME	- Ca 9 Di		
STREET ACORESS	7001 DELLA DR., OUTTE 228		2.3 STREET ADDRESS	1509 Pinem	ount DR	
CITY-ST-ZIP	ORLANDO FL 32819		2.4 Crity - ST - ZIP			
TIT_E		☐ DELETE	3 1 TITLE		Change Addition	
NAME			3 2 NAME			
STREET AUDRESS			3.3 STREET ADDRESS			
CHY-ST-ZIP			3.4 CITY ST-ZIP			
TIT. F		DELFTE	4 1 TITLE		☐ Change ☐ Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIF			4.4 CITY - S1- 7IP			
TITLE		☐ DELETE	5 ហើកថ		☐ Charige ☐ Addition	
NAME			5 2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
011Y-S1-71P			5 4 CITY - ST - ZIP			
Ti*LE		☐ DELETE	6 1 TiT; E		Change Addition	
NAME,			6.2 NAME			
STREET ADDRESS			6.3 STREET ADORESS			
CITY - ST - ZiP			6.4 C(TY - S1 - Z)P			
	certify that the information supplied w	ith this filing is voluntarily fu		or the exemption stated in Section 119	I.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 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 panged, or on an attachment with an address.

SIGNATURE:

2-6-96

(407) 352-65

R2E034 (12/95)