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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 10: 26

DOCUMENT # P94000042397 (7)

1. Corporation Name

QZQ CORPORATION

Principal Place of Business
250 ROYAL PALM WAY
PALM BEACH FL 33480

Mailing Address
250 ROYAL PALM WAY
PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/07/1994
3a. Date of Last Report:

2. Principal Place of Business
21 310 E. Atlantic Ave
Suite, Apt. #, etc.
22
City & State
23 Delray Beach, Fl
Zip 24 33483 Country 25 USA

2a. Mailing Address
26 310 E Atlantic Ave
Suite, Apt. #, etc.
27
City & State
28 Delray Beach Fl
Zip 29 33483 Country 30 USA

4. FEI Number: 232-33-7282 ☐ 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

GOLD, AARON J
703 SWANN AVE
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 704 W Bay St
83
84 City Tampa FL 85 Zip Code 33606

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	D
NAME	PERKINS, MARC
STREET ADDRESS	250 ROYAL PALM WAY
CITY-ST-ZIP	PALM BEACH FL 33480
TITLE	D
NAME	RUSSELL, WILLIAM J
STREET ADDRESS	250 ROYAL PALM WAY
CITY-ST-ZIP	PALM BEACH FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	Chairman	☑ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS	310 E Atlantic Ave	
1 4 CITY-ST-ZIP	Delray Beach, Fl 33483	
2 1 TITLE	President	☑ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS	310 E Atlantic Ave	
2 4 CITY-ST-ZIP	Delray Beach, Fl 33483	
3 1 TITLE	Secretary	☐ Change ☐ Addition
3 2 NAME	Stephanie Lipman	
3 3 STREET ADDRESS	310 E Atlantic Ave	
3 4 CITY-ST-ZIP	Delray Beach, Fl 33483	
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

SUBMITTED BY MAY 1

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 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.

SIGNATURE: Marc Perkins Chairman 4-6-95 407-262-6348

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0276852 CP