

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

FILED  
Feb 02 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000080125 (5)

1. Corporation Name  
QUALITY MANAGEMENT EXCHANGE, INC.



Principal Place of Business

1450 JOHN ANDERSON DRIVE  
ORMOND BEACH FL 32176

Mailing Address

P.O. BOX 1990  
ORMOND BEACH FL 32176-1596

DO NOT WRITE IN THIS SPACE

|   |  |                                 |  |
|---|--|---------------------------------|--|
| 2. Principal Place of Business          |  | 2a. Mailing Address             |  |
| 21 3333 S. ATLANTIC AVE.                |  | 26 PO BOX 227777                |  |
| 22 Suite, Apt. #, etc. 1101             |  | 27 Suite, Apt. #, etc.          |  |
| 23 City & State DAYTONA BEACH SHORES FL |  | 28 City & State PORT ORANGE, FL |  |
| 24 Zip 32118                            |  | 29 Zip 32129                    |  |
| 25 Country                              |  | 30 Country                      |  |

3. Date Incorporated or Qualified

11/01/1994

4. FEI Number

59-3277021

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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                        |  |
|----------------------------|--------------------|--|--|
| TITLE                      | 11 TITLE           | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |  |
| NAME                       | 12 NAME            |  |  |
| STREET ADDRESS             | 13 STREET ADDRESS  | 3333 S. ATLANTIC AVE, # 1101   |  |
| CITY-ST-ZIP                | 14 CITY-ST-ZIP     | DAYTONA BEACH SHORES, FL 32118   |  |
| TITLE                      | 2.1 TITLE          | Change <input type="checkbox"/> Addition <input type="checkbox"/>            |  |
| NAME                       | 2.2 NAME           |  |  |
| STREET ADDRESS             | 2.3 STREET ADDRESS |  |  |
| CITY-ST-ZIP                | 2.4 CITY-ST-ZIP    |  |  |
| TITLE                      | 3.1 TITLE          | Change <input type="checkbox"/> Addition <input type="checkbox"/>            |  |
| NAME                       | 3.2 NAME           |  |  |
| STREET ADDRESS             | 3.3 STREET ADDRESS |  |  |
| CITY-ST-ZIP                | 3.4 CITY-ST-ZIP    |  |  |
| TITLE                      | 4.1 TITLE          | Change <input type="checkbox"/> Addition <input type="checkbox"/>            |  |
| NAME                       | 4.2 NAME           |  |  |
| STREET ADDRESS             | 4.3 STREET ADDRESS |  |  |
| CITY-ST-ZIP                | 4.4 CITY-ST-ZIP    |  |  |
| TITLE                      | 5.1 TITLE          | Change <input type="checkbox"/> Addition <input type="checkbox"/>            |  |
| NAME                       | 5.2 NAME           |  |  |
| STREET ADDRESS             | 5.3 STREET ADDRESS |  |  |
| CITY-ST-ZIP                | 5.4 CITY-ST-ZIP    |  |  |
| TITLE                      | 6.1 TITLE          | Change <input type="checkbox"/> Addition <input type="checkbox"/>            |  |
| NAME                       | 6.2 NAME           |  |  |
| STREET ADDRESS             | 6.3 STREET ADDRESS |  |  |
| CITY-ST-ZIP                | 6.4 CITY-ST-ZIP    |  |  |

14. I 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 on an attachment with an address.

SIGNATURE: Sandra B. Mortham 11/26/98 760-0033

CR2E034 (10/97)