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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P94000080125 (5)

QUALITY MANAGEMENT EXCHANGE, INC.

Principal Place of Business

Mailing Address

1150-JOHN ANDERSON DRIVE

P.O. BOX 1996 -

FILED Feb 02 1998 8:00am Secretary of State



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1/20/90

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STREET ADDRESS 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)(1), 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 eath; 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	CITY-ST-ZIP			5.4 CITY - S	1-7IP .						
STREET ADDRESS 63 STREET ADDRESS 64 City-St-Zip 64 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)(1). 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	TITLE		DELETE	6.1 TITLE					Change	Addition	
64 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	NAME			6.2 NAME							
64CITY-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	STREET ADDRESS			63 STREET	ADDRESS	l					
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 eath; 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	CITY-ST-ZIP			64 CITY-S	t-ZIP						
officer of director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in	44 hereby c	ertify that the information supplied w	th this filing does not quality for	the exemp	tion state	d in Section 11	9.07(3)(i), Florida Statutes	s. I further cer	tify that the	Information	
Block 12 or Block 13 if changed, or on an attachment with an address.	officer or c	director of the corporation of the reco	river or trustee empower ed t o exi	ate and the ecute this i	at my sig report as	nature shall hav required by Ch	e the same legal effect a apter 607, Florida Statute	is it made und es; and that m	ier oath; tha iy name app 404	pears in	