

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P95000073456 (2)**

1. Corporation Name

**Q-4 POLYMER IMAGING CORPORATION**



Principal Place of Business

**200 PARK CENTRAL BLVD SOUTH  
SUITE 5  
POMPANO BEACH FL 33064**

Mailing Address

**200 PARK CENTRAL BLVD SOUTH  
SUITE 5  
POMPANO BEACH FL 33064**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Quished

**09/22/1995**

3a. Date of Last Report

4. FLE Number

**65-0613227**

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

**MOLINA, SHARON E  
200 PARK CENTRAL BOULEVARD SOUTH  
SUITE 5  
POMPANO BEACH FL 33064**

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 607.0602 and 607.1504, 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 607.0604, Florida Statutes.

SIGNATURE

Signature to be filed with this report. If not, the filer has a duty to update.

Signature of Registered Agent. Signature required if filing a change.

DATE

OFFICERS AND DIRECTORS

12. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D**

**HOWARD, ALLEN J**

**200 PARK CENTRAL BLVD SOUTH #5  
POMPANO BEACH FL 33064**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D**

**HOWARD, THEA R**

**200 PARK CENTRAL BLVD SOUTH #5  
POMPANO BEACH FL 33064**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

2. TITLE

2. NAME

2. STREET ADDRESS

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2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 receiver or trustee or person 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

*Thea R. Howard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Thea R. Howard*

*3/26/96 954-970-8987*

CR2E034 (12/95)