

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

FILED  
May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000018506 (1)

1. Corporation Name

ALBION QUALITY MANAGEMENT SYSTEMS, INC.

Principal Place of Business

11700 NORTHWEST 100TH ROAD  
MEDLEY FL 33178

Mailing Address

11700 NORTHWEST 100TH ROAD  
MEDLEY FL 33178-1033



2. Principal Place of Business

21 10500 NW 26<sup>th</sup> ST.

22 Suite, Apt. #, etc.  
102 A

23 City & State  
MIAMI, FL

24 Zip 33172 25 Country

2a. Mailing Address

26 10500 NW 26<sup>th</sup> ST.

27 Suite, Apt. #, etc.  
102 A

28 City & State  
MIAMI, FL

29 Zip 33172 30 Country

3. Date Incorporated or Qualified

02/28/1996

3a. Date of Last Report

4. FEI Number

11-3310406

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

AMERICAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

Albion International

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

10500 N.W. 26<sup>th</sup> Street

83

Suite A

84 City

Miami

FL

85 Zip Code

33172

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 agent or registered agent 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 hereby willing to 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 ☐ DELETE

NAME  
PD  
APPELBE, MALCOM G  
11700 NORTHWEST 100TH ROAD  
MEDLEY FL 33178

TITLE ☐ DELETE

NAME  
SD  
SANTANGELO, PETER J  
11700 NORTHWEST 100TH ROAD  
MEDLEY FL 33178

TITLE ☐ DELETE

NAME  
TD  
TITLEY, ANDREW D  
11700 NORTHWEST 100TH ROAD  
MEDLEY FL 33178

TITLE ☐ DELETE

NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0241452

CR2E034 (9/96)