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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt #, etc.

SIGNATURE:

City & State

21



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000080253 (3) DOCUMENT

QUORION BUSINESS SYSTEMS, INC.

Principal Place of Business	Mailing Address
1981 SALT MYRTLE LANE ORANGE PARK FL 32073	1981 SALT MYRTLE LANE ORANGE PARK FL 32073

28. Mailing Address

City & State

Suite, Apt. #, etc.

26

28

FILED Apr 21 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

×

3-24-98 901-269-7073

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

09/26/1996

59-3430222

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

24		25	Cana	29	E. G.	30	J J , ((,)	,	Personal Property Tax due June 30. X Yes No	
291	9. Name		Address of Curre		tered Agent	1301			10. Name and Address of New Registered Agent	
 								Name		
1529 WILD IRIS LANE						82 Street Address (P.O. Box Number is Not Acceptable)				
ORANGE PARK FL 32073						officer reduces (i.e. box reduced is not recognished)				
							83	·		
							84	City	85 Zip Code	
								1	FL [1] 11 11 1	
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 type:	Lo ban	oled name of registered as					ent signati	ure required when reinstaling) DATE	
12.	<u>n</u>		OFFICERS AN	AD DIRE	DELETE	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
TITLE	P ODUCO		W IOEBO		L) DECEIE		TITLE		Change E Adultion	
NAME			W, JOERG MYRTLE LANE				NAME	* 4Benra		
STREET ADDRESS	ORANG						-	T ADDRESS	S	
CITY - ST - ZIP	CIVING	E F	WIN FL		DELETE		CITY-!	SI-AP	Change Addition	
NAME					<u></u>	1	NAME			
STREET ADDRESS								T ADDRESS		
CITY-ST-ZIP								ST-ZIP		
TITLE					DELETE		TITLE	D1 E11	Change Addition	
NAME						3.2	NAME			
STREET ADDRESS						3.3	STREE	T ADDRESS	s	
CITY-ST-ZIP						3.4	. CITY-	ST-ZIP		
TITLE					DELETE	4.1	TITLE		Change Addition	
NAME	i					4.	2 NAME			
STREET ADDRESS						4.3	STREET	T ADDRESS	S	
CITY-ST-ZIP							CITY-	ST-ZIP		
TITLE					☐ DELETE	5.1	TITLE		Change Addition	
NAME						5.2	NAME			
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CITY-ST-ZIP							CITY-	ST-ZIP		
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NAME							NAME			
STREET ADDRESS						6.3	STREET	t address	S	
CITY-ST-ZIP		in the	organism complete	with all a	ilina doss not a ni		CITY-		alad in Continu 110 07/37/1) Eterido Statutas I further positio that the information	
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.										

ING OFFICER OF DIRECTOR