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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

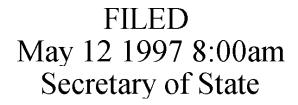
Secretary of State DIVISION OF CORPORATIONS

P96000087033 (2) DOCUMENT #

Q P MANAGEMENT, INC.

Principal Place of Business

Mailing Address





5461 CARDAN ROAD JACKSONVILLE FL 32244		5461 CARDAN ROAD JACKSONVILLE FL 82	5461 CARDAN ROAD JACKSONVILLE FL 82244-1825				
				·	3. Date Incorporated or Qualified 10/21/1996	3a. Date of Last	
	Place of Business	2a. Mailing Address	~- 1		4. FEI Number		Applied For
Suite, Apt. #, etc.		26 Suite Ant # ete	Suite, Apt. #, etc.		59-342432		Not Applicable
22		27	27		5. Certificate of Status Desired		Additional Required
City & Sta	te	City & State	1		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 24	Country 7 p		Country 30	/	8. This corporation has liability for Florida Statutes	intangible tax under Yes X No	s. 199.032,
	9. Name and Address of Cui				10. Name and Address of New Re		
	ueen, kathryn m		81	Name			
5461 CARDAN ROAD				Street A	ddress (P.O. Box Number is Not Acceptate	ole)	·
J.	ACKSONVILLE FL 32244		83				
				<u> </u>			
			84	City		FI 85 Zij	o Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Sta	tutes, the abov	I e-named d	corporation submits this statement for the co	surpose of changing	its registered
office or	registered agent, or both, in the Sam familiar with, and accept the of	tate of Florida. Such change wa pligations of Section 607 0505	is authorized bi	y the corp	corporation submits this statement for the poration's board of directors. I hereby accept	of the appointment a	s registered
SIGNATURE	and decopy the of	anguitorio en operiori con tocco,	orica otalalo				
	Signature, typed or printed name of registered			rint signature r	equired when reidstating)	[JA1]	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	TD Queen, Kathryn M	☐ DELETE	1.1 TATLE		S N Dector	Change	Addition
NAME	5461 CARDAN ROAD		1.2 NAME		Brian H. Pastori 8335 Freedom Crossing T	rail # 3705	
STREET ADDRESS	JACKSONVILLE FL 32244		1		Jacksonville FL. 3	226%	
CITY-ST-ZIP TITLE	WONOTHILL I L OLLTY	DILETE	1.4 CHY-3 2.1 TIDLE	31-7IP	Jacks wille , FL: 3	Change	Addition
NAME	-		2.2 NAM	- 1	÷		, C Medillo
STREET ADDRESS			2.3 STREE	ADDRESS			
CITY-ST-ZIP			2 4 CHY-				
TITLE	DILFTE		3 1 1DLE	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME			3 2 NAM[
STREET ADDRESS			3.3 STREE	ADDRESS			
CITY-ST-ZIP			3.4. CITY -	S1 - Z(F			
TITLE	☐ DELETE		4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS		·	4.3 STREE	ADDRESS			
CITY-ST-ZIP			4.4 CITY- S	61 - ZIP			
TITLE		DELETE	5.1 TIILE			Change	Addition
NAME			5.2 NAME	1			
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP		or/ rec	5.4 CHY-1	51 - ZIP		——————————————————————————————————————	
TALE		DELETE	6.1 THLE			Change	Addition
NAME			G.2 NAME				
STREET ADDRESS				ADORESS			
CITY-ST-ZIP			6.4 CHY-1	31-7IP			

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 is 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 compraision or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name