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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000093436 (9			
Cornoration Name	DOCUMENT # P	96000093436	(9)

QVS CORP.

FILED Mar 31 1997 8:00am Secretary of State

Principal Place 16210 OWASO DAVIE FL 3333	O CIR.	Mailing Address 16210 OWASCO CIR. DAVIE FL 33331-2102				
				3. Date Incorporated or Qualified 11/14/1996	3a. Date of Last Report	
	ace of Business	20. Mailing Address	205	4. FEI Number	Applied Fo	or
21 どみん Suite, Apt ii	1 J.W. 28 SINE	2/26 826/5.0 Suite, Apt. #, etc.	N 2851AB	26/	Not Applica	
22 M/4		27 Saile, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additiona	al
City & State		City & State	PLONIN	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	·
Zip 33,			Country 30 DANE		Yes No	2.
£11 1)	Name and Address of Curren WGS, INC.	t Hegisterea Agent	81 Name	10. Name and Address of New R	egistered Agent	
	2 N.W. 18TH STREET			Adam (D.O. Con Manharla No.	LI	
	LAUDERDALE FL 33311-4132		62 Street A	Address (P.O. Box Number is Not Accepta	iole)	
			83			
			84 City		85 Zip Code	
11. Pursuant t	to the provisions of Sections 607 050:	2 and 607 1508 Florida Statute	s the above-named of	corporation submits this statement for the	purnose of changing its registe	red
office or re agent 1 ar	egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida. Such change was au ations of, Section 607.0505, Flor	thorized by the corporate ida Statutes.	oration's board of directors. I hereby acce	ept the appointment as registere	ed
	J					l.
SIĞNATURE						١
SIĞNATURE	Stgradure, typical or printed name of registered ago		Registered Agent signature r		DATE CERS AND DIRECTORS IN 12	
SIĞNATURE	Stipodair, typical or printed name of registered ago OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12	dition
SIĞNATURE	OFFICERS AND D MAROLF, MARK	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12	dition
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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 that it am an officer or director of the corporation or the receiver or trustee empowered to effect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it of true appears in Block 12 or Block 13 it of true appears in Block 12 or Block 13 it of true appears in Block 12 or Block 13 it of true appears in Block 12 or Block 13 it of true appears in Block 12 or Block 13 it of true appears in Block 13 it of true appears in Block 12 or Block 13 it of true appears in Block 12 or Block 13 it of true appears in Block 12 or Block 13 it of true appears in Block 12 or Block 13 it of true appears in Block 12 or Block 13 it of true appears in Block 12 or Block 13 it of true appears in Block 12 or Block 13 it of true appears in Block 12 or Block 13 it of true appears in Block 13 it of true appears in Block 12 or Block 13 it of true appears in Block 12 or Block 13 it of true appears in Block 13 it o

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DE

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Daylime Phone #