

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 29, 1999 8:00 am  
Secretary of State

05-29-1999 90003 005 \*\*\*511.25

DOCUMENT # P97000030366

1. Corporation Name

QMI INDIA INCORPORATED



Principal Place of Business

500 S. FLORIDA AVE., STE. 600  
LAKELAND FL 33801

Mailing Address

500 S. FLORIDA AVE., STE. 600  
LAKELAND FL 33801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1997

4. FEI Number

59-3437630

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 2209 Grove Glen Ct 26 2209 Grove Glen Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Lakeland, FL

28 Lakeland, FL

24 Zip Country

29 Zip Country

33813 USA

33813

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCOLLUM, MARLENE  
500 S FLORIDA AVE  
STE 600  
LAKELAND FL 33801

81 Name

MARLENE MCCOLLUM

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

2209 GROVE GLEN CT.

83

84 City

LAKELAND

FL

85 Zip Code

33813

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

*Marlene McCollum*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-26-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT ☐ DELETE  
NAME FEBBY, S. SAMUEL  
STREET ADDRESS 5103 WINDOVER LANE  
CITY-ST-ZIP LAKELAND FL 33813

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME D  
1.3 STREET ADDRESS CHACKO, A.V.  
1.4 CITY-ST-ZIP 1964 E. DAYA DR.  
TEMPE, AZ. 85283

TITLE S ☐ DELETE  
NAME MCCOLLUM, MARLENE  
STREET ADDRESS 2209 GROVE GLEN COURT  
CITY-ST-ZIP LAKELAND FL 33813

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME CHACKO, A. V.  
STREET ADDRESS 302 E MAPLE  
CITY-ST-ZIP MUNDELEIN IL 60060

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*Febby Samuel* FEBBY SAMUEL

4-26-99

DATE

941-603-0407

Daytime Phone #

CR2E034 (11/98)