

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

FILED  
Mar 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000103092 (7)**

1. Corporation Name  
**THE QUALITY NETWORK INC.**



Principal Place of Business <b>19 WINSTON DRIVE BEL AIR FL 33756</b>	Mailing Address <b>19 WINSTON DRIVE BEL AIR FL 33756</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/08/1997</b>	4. FEI Number <b>59-3483807</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 <b>4075 CAPITOL DRIVE</b> Suite, Apt. #, etc. 22 City & State 23 <b>PALM HARBOR, FL</b> Zip Country 24 <b>34685</b> 25 <b>USA</b>	2a. Mailing Address 26 <b>P.O. BOX 4870</b> Suite, Apt. #, etc. 27 City & State 28 <b>PALM HARBOR, FL</b> Zip Country 29 <b>34685</b> 30 <b>USA</b>
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9. Name and Address of Current Registered Agent

**DETORO, IRVING  
19 WINSTON DRIVE  
BEL AIR FL 33756**

10. Name and Address of New Registered Agent

81 Name <b>SAME</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>4075 CAPITOL DRIVE</b>
83
84 City <b>PALM HARBOR</b>
85 State <b>FL</b>
86 Zip Code <b>34685</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>IRVING J. DETORO</b>
1.3 STREET ADDRESS	<b>4075 CAPITOL DRIVE</b>
1.4 CITY-ST-ZIP	<b>PALM HARBOR, FL 34685</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>EVERLYN V. DETORO</b>
2.3 STREET ADDRESS	<b>4075 CAPITOL DRIVE</b>
2.4 CITY-ST-ZIP	<b>PALM HARBOR, FL 34685</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *EVERLYN V. DETORO* **EVERLYN V. DETORO** 3/7/98 (813) 587-0076

CP2E034 (10/97)