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 CF CORPORATIONS

DOCUMENT # P98000061948

1. Corpo ation Name

QCOR, INC.

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

04-29-1999 90076 023 ***150.00



Displied Olege of Duringe				1 100111000 110 10101 10111 00111 00111 00111 00111 00110 0110 0110 1110 10111 00111 0100 1100 1100 1				
Principal Place of Business Mailing Address								
6911 GARDEN West Palvi bi	road Each Fl 33404	6911 GARDEN ROAD WEST PALM BEACH FL 33404						
			WEST FACILITY SOLVE		DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or Qualifed			
					07/14/1998			
	Place of Business	2a. Mailing Address			4. FEI Number		L	applied For
21 2010 Seabind Way		26 2010 Seaking Way		2y _	65-0850353			Ict Applicable Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired			Maditional Required	
City & State		City & State		6. Election Campaign Financing			May Be	
23 West 1	<u> </u>	28 West Palm Beach FL		Trust Fund Contribution		-	to Fees	
Zip	Country	Zip	Country	<u> </u>	8. This corporation owes the curre	ent year	Intangible	
24 33464	-5009 25	29 33404-500930		Personal Property Tax.	•	X Yes	□No _	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New R	egister	d Agent	
				Name				
	EIT, THOMAS E	82 Street Ad		Street A ldt	ress (P.O. Bo Number is Not Accepta	ble)		
	SOUTH FLAGLER DRIVE SUITE S	300 E. TOWEK	L	<u></u>				
WES	ST PALM BEACH FL 33401		83					
1			84	City			. 85 Zip	Code
				' '		F	L	
office or r	to the provisions of S∋ctions 607.0502 registered agent, or b∈th, in the State and familiar with, and accept the obligations.	of Florida. Such change was author	ized by	the corporate	poration submits this statement for the on's board of directors. I hereby accept	t the ap	ointment as r	egistered
SIGNATUF:E	Signature, typed or printed n₂ me of registered agen	and title if analismble (NOTE Pagin	tared Age	nt rignatura roquire	ed when reinstating)	DATE		
12.			13,	il signature reqe	ADDITIONS/CHANGES TO OFF		AND DIRECT	ORS IN 12
TITLE	DPT	·	1.1 TITLE				☐ Change	
NAME	WOODWARD, DANIEL A	`	I.2 NAME					
STREET ADDRESS	MALA CARRENT BOAR	1	1.3 STREE	T ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL 33404	14 CI		ST-ZIP				
TITLE	DVS	☐ DELETE :	2.1 TITLE				Change	☐ Addition
NAME	ARNOLD, AARON L	2.2 N/ 2.3 S1						
STREET ADDRESS	6911 GARDEN ROAD			T ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL 33404 2.4c		2. 4 CITY-	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE	j			Change	□ Addition
NAME			3.2 NAME					
STREET ADDRESS		j ;	3.3 STREE	TADDRESS				
CITY-ST-ZIP			3.4. CITY-5	3T-ZIP				
TITLE		☐ DELETE 417		İ			Change	e Addition
NAME	1] •	1. 2 NAME					
STREET ADDRESS)	3 STREE	T ADDRESS				
CITY-ST-ZIP			.4 CITY-S	T-ZIP			Channe	Addition
TITLE	Ì		5.1 TITLE	Ì			Change	. Addition
NAME		1	5.2 NAME	TADDECC				
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP	<u> </u>		5.4 CITY-S 5.1 TITLE	-1-218			Change	Addition
TITLE	}	C3 2002/2	5.2 NAME	Ì			L_ Change	
NAME				TADDRESS				
STREET ADDRESS	ነ	.	3.3 ショドモヒ	TADDRESS				
			3.4 CITY-S					

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 or rufy that the information indicated on this annual report or supplemental a nual 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:

NEW E AND TYPED OR PRINTED NAME OF SIGNING