FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 26 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S17748 (2)

1. Corporation Name
QAC EQUIPMENT, INC.

Principal Place of Business
~~P.O. BOX 2011~~
~~HALLANDALE FL 33009~~

Mailing Address
~~P.O. BOX 2011~~
~~HALLANDALE FL 33009~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/07/1990
3a. Date of Last Report: 10/27/1994

2. Principal Place of Business (21): 4215 Southpoint Blvd.
2a. Mailing Address (26): 4215 Southpoint Blvd.

Suite, Apt. #, etc. (22): Suite 100
Suite, Apt. #, etc. (27): Suite 100

City & State (23): Jacksonville, FL
City & State (28): Jacksonville, FL

Zip (24): 32216 Country (25): USA
Zip (29): 32216 Country (30): USA

4. FEI Number: NOT APPLICABLE — 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
~~CRISCUNNO, RICHARD A., ESQ.~~
~~2534 S.W. 6TH STREET~~
~~MIAMI FL 33135~~

10. Name and Address of New Registered Agent
81 Name: Michael N. Schneider
82 Street Address (P.O. Box Number is Not Acceptable): 4215 Southpoint Boulevard, Suite 100
83
84 City: Jacksonville FL 85 Zip Code: 32216

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: [signature] 4/18/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	~~XXXXXXXXX~~
STREET ADDRESS	~~XXXXXXXXXXXXXXXXXX~~
CITY-ST-ZIP	~~XXXXXXXXXXXXXXXXX~~
TITLE	~~XX~~ VP/D
NAME	SUTTIN, DORIS
STREET ADDRESS	2534 S.W. 6TH ST.
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D/S/T	☐ Change ☒ Addition
1.2 NAME	Cheryl Sassard	
1.3 STREET ADDRESS	4215 Southpoint Boulevard, Suite 100	
1.4 CITY-ST-ZIP	Jacksonville, FL 32216	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] Cheryl Sassard, President 4-19-95 (904) 296-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0422510 FP