

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V07730 (7)

1. Corporation Name

QUALITY CONTRACT MANUFACTURING, INC.



Principal Place of Business

Mailing Address

3900 DOW RD
STE E
MELBOURNE FL 32934
US

3900 DOW ROAD
SUITE E
MELBOURNE FL 32934
US

3. Date Incorporated or Qualified
01/21/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-3102763

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

10. Name and Address of New Registered Agent

KANCILIA, JOHN R
516 N. HARBOR CITY BLVD.
MELBOURNE FL 32935

81 Name

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

1686 W. Hibiscus Blvd.

83

84 City

Melbourne

FL

85 Zip Code

32901

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WADE, EARL	
STREET ADDRESS	590 PONDEROSA ST	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	PC	<input type="checkbox"/> DELETE
NAME	WHITWORTH, DELIA	
STREET ADDRESS	3900 DOW ROAD, STE. E	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GOGAN, PETER J	
STREET ADDRESS	1315 CYPRESS BEND CIR	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WADE, BRADLEY A	
STREET ADDRESS	590 PONDEROSA ST	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOGAN, LORRAINE	
STREET ADDRESS	1315 CYPRESS BEND CIR	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	WADE, M. J	
STREET ADDRESS	590 PONDEROSA ST	
CITY - ST - ZIP	MELBOURNE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Delia Whitworth

Delia Whitworth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/96 407-259-3658

Date

Telephone Number

CR2E034 (3/96)