

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000063386 (5)

1. Corporation Name

FLORIDA QUANTUM PROPERTIES, INC.



Principal Place of Business

Mailing Address

405 DOUGLAS AVE.
SUITE 1955
ALTAMONTE FL 32714
US

P.O. BOX 917359
SUITE 2001
LONGWOOD FL 32791
US

3. Date Incorporated or Qualified

09/09/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

PO Box 917359

22

City & State

27

Suite, Apt. #, etc.

23

City & State

28

LONGWOOD FLORIDA

24

Zip

Country

29

32791

30

USA

4. FEI Number

59-3200213

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

JUDGE, WALTER E.
405 DOUGLAS AVE SUITE 1955
SUITE 2001
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 then applicable

NOTE: Registered Agent's signature required when changing

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME KAHN, JEROME B
STREET ADDRESS 2102 ROYAL FERN COURT
CITY-ST-ZIP LONGWOOD FL 32750

TITLE DST ☐ DELETE
NAME JACONETTI, GEORGE W
STREET ADDRESS 733 W. STATE RD. 436, SUITE 2001
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE V ☐ DELETE
NAME JUDGE, WALTER E.
STREET ADDRESS 405 DOUGLAS AVE. SUITE 1955
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER E. JUDGE

DAY

Daytime Phone #

407-774-1600

CR2E034 (12/95)