

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

FILED

**Apr 23 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 396934 (2)

1. Corporation Name
Q-BIT CORPORATION

Principal Place of Business 2144 FRANKLIN DRIVE, N.E. PALM BAY FL 32905 US	Mailing Address 2144 FRANKLIN DRIVE N.E. PALM BAY FL 32905 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified
03/07/1972

4. FEI Number
59-1383213

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

CALLAWAY, GARY R
2144 FRANKLIN DRIVE, N.E.
PALM BAY FL 32905

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, if applicable, (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILLMAN, HOWARD B	1.2 NAME	Chairman
STREET ADDRESS	158 MAIN ST	1.3 STREET ADDRESS	Ron Ragland
CITY-ST-ZIP	NEW CANAAN CT	1.4 CITY-ST-ZIP	9404 Chesapeake Dr.
TITLE	PD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLAWAY, GARY R.	2.2 NAME	Director
STREET ADDRESS	2144 FRANKLIN DRIVE NE	2.3 STREET ADDRESS	Errol Ekaiarb
CITY-ST-ZIP	PALM BAY FL 32905	2.4 CITY-ST-ZIP	9404 Chesapeake Dr.
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEAD, HANSEL B.	3.2 NAME	Director
STREET ADDRESS	2144 FRANKLIN DRIVE NE	3.3 STREET ADDRESS	Joe Lee
CITY-ST-ZIP	PALM BAY FL 32905	3.4 CITY-ST-ZIP	9404 Chesapeake Dr.
TITLE	SD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIEBE, IRENE H	4.2 NAME	Director
STREET ADDRESS	158 MAIN ST	4.3 STREET ADDRESS	Gary Callaway
CITY-ST-ZIP	NEW CANAAN CT	4.4 CITY-ST-ZIP	2144 Franklin Dr., N.E.
TITLE	T	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILLMAN, HOWARD B	5.2 NAME	CFO/Secretary
STREET ADDRESS	158 MAIN ST	5.3 STREET ADDRESS	Mike McDonald
CITY-ST-ZIP	NEW CANAAN CT	5.4 CITY-ST-ZIP	9404 Chesapeake Dr.
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Chairman
1.3 STREET ADDRESS	Ron Ragland
1.4 CITY-ST-ZIP	9404 Chesapeake Dr.
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Director
2.3 STREET ADDRESS	Errol Ekaiarb
2.4 CITY-ST-ZIP	9404 Chesapeake Dr.
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Director
3.3 STREET ADDRESS	Joe Lee
3.4 CITY-ST-ZIP	9404 Chesapeake Dr.
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Director
4.3 STREET ADDRESS	Gary Callaway
4.4 CITY-ST-ZIP	2144 Franklin Dr., N.E.
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CFO/Secretary
5.3 STREET ADDRESS	Mike McDonald
5.4 CITY-ST-ZIP	9404 Chesapeake Dr.
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 in an attachment with an address.

SIGNATURE: *[Signature]* **2/30/98**

CR2E034 (10/97)