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 OF CORPORATIONS

DOCUMENT # 396934

1. Corporation Name

Q-BIT CORPORATION

FILED
Mar 01, 1999 8:00 am
Secretary of State
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Principal Place	of Business	Mailing Address			I IMBION CITED IN MALIN COLON COLON	#		
2144 FRANKLIN DRIVE. N.E. PALM BAY FL 32905 PALM BAY FL 32905		2144 FRANKLIN DRIVE N.E.			DO NOT WRITE I	N THIS SPACE		
US		00		*	3. Date incorporated or Qualifed 03/07/1972			
2 Principal Pla	ace of Business	2a. Mailing Address			4, FEI Number	L-+	plied For	
21	¬ [27]				59-1383213		t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired				
City & State City & State 28			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees					
Zip	Country	Zip Country			8. This corporation owes the current year Intangible			
24	25	2930	30		Personal Property Tax.			
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Regis	stered Agent		
			81	Name				
CALLAWAY, GARY R 2144 FRANKLIN DRIVE, N.E.		82	Street Ac	ddress (P.O. Box Number is Not Acceptable)	1			
PALI	M BAY FL 32905		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 Comparison of Sections 607.0502 and 607.0503 and 607.0505, Florida Statutes. Comparison of Section 607.0505 and								
	Signature, typed or printed name of registered ager		13.	N organization / orq	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	ORS IN 12	
12.	C		1 TITLE		D -	☐ Change	X Addition	
TITLE	RAGLAND, RON	_	2 NAME		ĎAVID SCHMITZ		ļ	
NAME	9404 CHESAPEAKE DR	1	3 STREE	TADORESS	9404 CHESAPEAKE DR			
STREET ADDRESS	SAN DIEGO CA 92123	1	4 CITY-S	ì	SAN DIEGO, CA 92123			
CITY-ST-ZIP TITLE	D		1 TITLE		C	(X) Change	☐ Addition	
NAME	EKAIREB, ERROL	2	2 NAME	1	EKAIREB, ERROL		1	
STREET ADDRESS	9404 CHESAPEAKE DR	2	.3 STREE	TADDRESS	9404 CHESAPEAKE DR]	
CITY-ST-ZIP	SAN DIEGO CA 92123	F-2	. 4 CITY-1	ST-ZIP	SAN DIEGO, CA 92123			
TITLE	D	X DELETE 3	.1 TITLE			☐ Change	Addition	
NAME	LEE. JOHN	3	.2 NAME		·		}	
STREET ADDRESS	9404 CHESAPEAKE DR	3	.3 STREE	T ADDRESS		•		
CITY-ST-ZIP	SAN DIEGO CA 92123		.4. CITY-	ST-ZIP		• Change	Addition	
TITLE	D	☐ DELETE	.1 TITLE	1	•		C. Addition.	
NAME	CALLAWAY, GARY		. 2 NAME					
STREET ADDRESS	2144 FRANKLIN DR NE	4	.3 STREE	TADDRESS			į	
CITY-ST-ZIP	PALM BAY FL 32905		4 CITY S	ST- ZIP		Change	Addition	
TITLE	CFOS	_	5.1 TITLE 5.2 NAME	ì			_	
NAME	MCDONALD, MIKE			T ADDRESS				
STREET ADDRESS	9404 CHESAPEAKE DR		5,4 CITY-S					
CITY-ST-ZIP	SAN DIEGO CA 92123		3.1 TITLE	7.21		Change	☐ Addition	
TITLE			2 NAME	-				
NAME				T ADDRESS				
STREET ADDRESS			3.4 CITY-1	1		`		

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 of the the true 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 attactment with an languages, with all other like empowered.

SIGNATURE:

CILIRED GARY CALLAWAY