

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

011867

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90022 015 ***150.00

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

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
---	--



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 03/07/1972	
4. FEI Number 59-1383213	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	RAGLAND, RON	
STREET ADDRESS	9404 CHESAPEAKE DR	
CITY-ST-ZIP	SAN DIEGO CA 92123	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EKAIREB, ERROL	
STREET ADDRESS	9404 CHESAPEAKE DR	
CITY-ST-ZIP	SAN DIEGO CA 92123	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEE, JOHN	
STREET ADDRESS	9404 CHESAPEAKE DR	
CITY-ST-ZIP	SAN DIEGO CA 92123	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CALLAWAY, GARY	
STREET ADDRESS	2144 FRANKLIN DR NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	CFOS	<input type="checkbox"/> DELETE
NAME	MCDONALD, MIKE	
STREET ADDRESS	9404 CHESAPEAKE DR	
CITY-ST-ZIP	SAN DIEGO CA 92123	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DAVID SCHMITZ	
1.3 STREET ADDRESS	9404 CHESAPEAKE DR	
1.4 CITY-ST-ZIP	SAN DIEGO, CA 92123	
2.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EKAIREB, ERROL	
2.3 STREET ADDRESS	9404 CHESAPEAKE DR	
2.4 CITY-ST-ZIP	SAN DIEGO, CA 92123	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 on an attachment with an address, with all other like empowered.

SIGNATURE: GARY CALLAWAY DATE: 1/29/99 DAYTIME PHONE #: (407) 727-1838 x242

CR2E034 (11/98)