


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

FILED  
Jun 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000001556 (0)

1. Corporation Name  
**QUANTEGY INC.**



Principal Place of Business <b>P.O. BOX 190 401 BROADWAY MS 22-03 OPELIKA AV 36803 US</b>	Mailing Address <b>P.O. BOX 190 401 BROADWAY MS 22-03 OPELIKA AV 36803-0190 US</b>
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2. Principal Place of Business <b>21 P.O. BOX 3729</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 P.O. BOX 3729</b> Suite, Apt. #, etc.
22 City & State <b>23 PEACHTREE CITY GA</b>	28 City & State <b>28 PEACHTREE CITY GA</b>
24 Zip <b>30269</b>	25 Country <b>U.S.A.</b>
29 Zip <b>30269</b>	30 Country <b>U.S.A.</b>

3. Date Incorporated or Qualified <b>03/30/1993</b>	3a. Date of Last Report <b>06/28/1996</b>
4. FEI Number <b>94-3159738</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
	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 title if applicable (NOTE: Registered Agent signature required when reappointing) (DATE)

12. OFFICERS AND DIRECTORS		
TITLE	<b>P/5/D</b>	<input type="checkbox"/> DELETE
NAME	<b>KENNEY, JACK S</b>	
STREET ADDRESS	<b>401 WEST PARK COURT</b>	
CITY-ST-ZIP	<b>PEACHTREE CITY AK GA 30269</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>RAFFT, ERNST L.</b>	
STREET ADDRESS	<b>P.O. BOX 190</b>	
CITY-ST-ZIP	<b>OPELIKA AL 36803</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>RITTI, PHILIP M.</b>	
STREET ADDRESS	<b>401 BROADWAY</b>	
CITY-ST-ZIP	<b>REDWOOD CITY CA 94063</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>CANTWALL, MICHAEL T.</b>	
STREET ADDRESS	<b>401 WESTPARK COURT</b>	
CITY-ST-ZIP	<b>PEACHTREE CITY, GA 30269</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>GIMMEL, MEL</b>	
STREET ADDRESS	<b>401 WESTPARK COURT</b>	
CITY-ST-ZIP	<b>PEACHTREE CITY, GA 30269</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>MILLER, RICHARD L.</b>	
STREET ADDRESS	<b>401 WESTPARK COURT</b>	
CITY-ST-ZIP	<b>PEACHTREE CITY, GA 30269</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DIAZ, FREDERICK R.</b>	
1.3 STREET ADDRESS	<b>401 WESTPARK COURT</b>	
1.4 CITY-ST-ZIP	<b>PEACHTREE CITY, GA 30269</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>RAFFT, ERNST L.</b>	
2.3 STREET ADDRESS	<b>2230 MARVYN PARKWAY</b>	
2.4 CITY-ST-ZIP		
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 do 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.

SIGNATURE: *[Signature]*

CR2E034 (9/96)