

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 # **K14531** (3)

1. Corporation Name

QUANTUM FORECASTING, INC.



Principal Place of Business

**1820 N.E. JENSEN BCH. BLVD.
SUITE 643
JENSEN BEACH FL 34957
US**

Mailing Address

**1820 N.E. JENSEN BCH. BLVD.
SUITE 643
JENSEN BEACH FL 34957
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

24

Zip

Country

25

Zip

Country

28

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/05/1988

3a. Date of Last Report

02/03/1995

4. FEI Number

65-0050905

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

10. Name and Address of New Registered Agent

**QUINN, ROBERT C.
2530 NE PINECREST LAKES BLVD
JENSEN BCH FL 34957**

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 title of applicant)

(Signature, typed or printed name of registered agent and title of applicant)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **CDP**
STREET ADDRESS **QUINN, ROBERT C.**
CITY-ST-ZIP **2530 NE PINECREST LAKES BLVD.
JENSEN BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

March 18, 1996 (407) 334-5956

CR2E034 (12/95)