FILED

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90205 005 ***158.75

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **L15941**

1. Corporation Name

QUANTUM TECHNOLOGY SERVICES, INC.

Principal Place of Business		Mailing Address	Mailing Address				
1980 N ATLANTIC AVE		1980 NORTH ATLANTIC AVENUE					
707		707 COCOA BEACH FL 32931 US		DO NOT WRITE IN THIS SPACE			
COCOA BEACH FL 32931 US				3. Date Incorporated or Qualifed			
					09/12/1989		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-3063978		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	~ ·	.75 Additional	
22		27		5. Certificate of Otatos Desired	- F	ee Required	
City & State		City & State		6. Election Campaign Financing		,00 May Be	
23	28				Trust Fund Contribution	A	dded to Fees
Zip	Country	Zip	Country	′	8. This corporation owes the current	year Intangible ☐ Ye	
24	25	29 30	\vdash		Personal Property Tax. 10. Name and Address of New Reg		S ENO
	9. Name and Address of Current	Registered Agent	81	Name	to. Name and Address of New Key	istered Agent	
GAR	CIA, FREDDIE JR						
	WOODBRIDGE		82 Street Add		ress (P.O. Box Number is Not Acceptable)	
	BOURNE FL 32940		83				
					<u> </u>		
			84	City		FL 85	Zip Code
Continue Services and Services the charge statutes the charge passed compration submits this statement for the number of changing its registered							
Office or re	egistered agent, or both, in the State o	of Florida. Such change was autho	nzea by	tne corporati	ion's board of directors. I hereby accept the	he appointment	as registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florida	Statutes	i.			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Reg	istered Age	nt signature require	ed when reinstating)	DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIR	
TITLE	TC	☐ DELETE	1.1 TITLE			□ Ct	iange
NAME	GARCIA, FREDDIE JR		1.2 NAME				
STREET ADDRESS	643 WOODBRIDGE		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32940		1.4 CITY-5	ST-ZIP •			
TITLE	VD	☐ DELETE	2.1 TITLE			□ cr	nange
NAME	BAILEY, CHRISTOPHER G		2.2 NAME				,
STREET ADDRESS	152 ST CROIX		2.3 STREE	TADORESS			
CITY-ST-ZIP	COCOA BEACH FL	·	2.4 CITY-	ST-ZIP			
TITLE	VS	☐ DELETE	31 TITLE	1		☐ ¢t	nange
NAME	GARCIA, RENEE		3.2 NAME				ļ
STREET ADDRESS	643 WOODBRIDGE	į	3.3 STREE	TADDRESS			. (
CITY-ST-ZIP	MELBOURNE FL 32940		3.4. CITY-	ST-ZIP			nange 🔲 Addition
TITLE		☐ DELETE	4.1 TITLE				angeMudicutt
NAME :	-		4.2 NAME				
STREET ADDRESS				TADDRESS			i
CITY-ST-ZIP		☐ DELETE	4.4 CITY-5	ST-ZIP		F10	nange
TATLE '		☐ DELETE	5.1 TITLE 5.2 NAME			ЦV	
NAME	1.0			TADDRESS			į
STREET ADDRESS	· · · ·		5.4 C/TY-5	- 1			{
CITY-ST-ZIP		DELETE	6.1 TITLE	71-23F			nange Addition
TITLE		L DECEIE	62 NAME				
NAME)	0.0 07055)

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 article proof 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 receiver or tractee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed on on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP