FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P31156** **(3)**

1. Corporation Name

THE QUANTUM GROUP, INC.

Principal Place of Business

~~103 COMMERCE ST.~~
~~STE. 100~~
~~LAKE MARY FL 32746~~

Mailing Address

~~103 COMMERCE ST.~~
~~STE. 100~~
~~LAKE MARY FL 32746~~

2. Principal Place of Business

21 2117 ~~[redacted]~~ BLUE IRIS PLACE
Suite, Apt. #, etc.
22 LONGWOOD FLORIDA
City & State
23
Zip 24 32779-3014 Country 25 SEMINOLE

2a. Mailing Address

26
Suite, Apt. #, etc. SAME
27
City & State
28
Zip 29 Country 30

3. Date Incorporated/Qualified: **09/14/1990**

3a. Date of Last Report: **07/05/1995**

4. FEI Number: **57-0708870**

Applied For ☐
Not Applicable ☐

5. Certified Copy (Optional) ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation is subject to interstate tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GAMBLE, GARY
2117 BLUE IRIS PL
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

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 Section 607.0502 or 617.1502, 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 or 617.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	**PTVS**	☐ DELETE
NAME	**GAMBLE, GARY**	
STREET ADDRESS	**2117 BLUE IRIS PLACE**	
CITY-ST-ZIP	**LONGWOOD FL 32779**	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS IN 19

1. TITLE		☐ Change ☐ Addition
1. NAME		
1. STREET ADDRESS		
1. CITY-ST-ZIP		
2. TITLE		☐ Change ☐ Addition
2. NAME		
2. STREET ADDRESS		
2. CITY-ST-ZIP		
3. TITLE		☐ Change ☐ Addition
3. NAME		
3. STREET ADDRESS		
3. CITY-ST-ZIP		
4. TITLE		☐ Change ☐ Addition
4. NAME		
4. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE		☐ Change ☐ Addition
5. NAME		
5. STREET ADDRESS		
5. CITY-ST-ZIP		
6. TITLE		☐ Change ☐ Addition
6. NAME		
6. STREET ADDRESS		
6. CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this report is true, complete, and accurate. I further certify that the information indicated on this report or supplemental 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 attached amendment, with an address.

SIGNATURE: Gary Gamble GARY GAMBLE, Pres. 3/27/96 (407)333-1602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

CR2E034 (12/95)