FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
Mar 20 1997 8:00am
Secretary of State

DOCUMENT # **P93000015690 (9)**

1. Corporation Name
QUANTUM SOLUTIONS, INC.

Principal Place of Business
500 S EOLA DR
ORLANDO FL 32801

Mailing Address
500 S EOLA DR
ORLANDO FL 32801-3911

3. Date Incorporated or Qualified: 02/24/1993
3a. Date of Last Report: 03/21/1996

2. Principal Place of Business
21 506 S. Osceola Ave
Suite, Apt. #, etc.
22
City & State
23 Orlando, FL
Zip 24 32801 Country 25

2a. Mailing Address
26 506 S. Osceola Ave
Suite, Apt. #, etc.
27
City & State
28 Orlando, FL
Zip 29 32801 Country 30

4. FEI Number: 59-3168027 ☐ 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

9. Name and Address of Current Registered Agent
ST. JOHN, KELLY
500 S EOLA DR
ORLANDO FL 32801

10. Name and Address of New Registered Agent
81 Name: O'Brien, Kelly
82 Street Address (P.O. Box Number is Not Acceptable)
83 506 S. Osceola Ave
84 City: Orlando, FL 85 Zip Code: 32801

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: X Kelly O'Brien President — 3/17/97
Signature (typed or printed) of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P ☐ DELETE
NAME	ST. JOHN, KELLY
STREET ADDRESS	500 S. EOLA DR
CITY-ST-ZIP	ORLANDO FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P ☒ Change ☐ Addition
1.2 NAME	O'Brien, Kelly
1.3 STREET ADDRESS	506 S. Osceola Ave
1.4 CITY-ST-ZIP	Orlando, FL 32801
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Y Kelly O'Brien President — 3/17/97 — 407 841 5472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #