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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000015690 (9)

SIGNATURE Kelly O'Brie

QUANTUM SOLUTIONS, INC.

Principal Place of Business

Mailing Address

**506 & OSCEOLA AVE** 

506 S OSCEOLA AVE

## **FILED** Apr 17 1998 8:00am Secretary of State



US		US			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualified				
					02/24/1993				
000	ace of Business	2e. Mailing Address				4. FEI Number		<del></del>	oplied For
883 GREENWOOD MANOR CIR		883 CREENWOOD MANOR CIR			CIR	59-3168027			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired				
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be	
23 MELBO	URNE, FL	28 MELBOURNE, FL			Trust Fund Contribution			to Fees	
Zip 32904	Country USA	Zib 33904	7 77004 - 7707			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
24 32904   25 USA   29 32904   9, Name and Address of Current Registered Agent				10. Name and Address of					
01		negiotorea rigent		81 N	ame	10. Hallo alla Adalloca di Hall	nogioto.ou	Agoin	
O'BRIEN, KELLY 506 & OSCEOLA AVE									
	LANDO FL 32801		ļ	82 Street Address (P.O. Box Number is Not Acceptable) 883 GREENWOOD MANOR CIR					
Un.	EANDO FE 32001		}	B3	003 0	REENWOOD MANOR CIR	· · · · · · · · · · · · · · · · · · ·		
								11 =	
					ity MELBO	TRNE	FL		Code 904
11. Pursuant t	to the provisions of Sections 607.0502	and 607 1508, Florida Stalute	s, the ab	ove-na	med corp	poration submits this statement for the	e purpose o	f changing it	s 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									1
	Signature, typed or printed hanie of registered agricl		Hegislered	Agent sig	gnature requir	ea when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OF	FICERS AND		
TITLE	P	☐ DELETE	1.1 101	LE	-			X Change	Addition
NAME	O'BRIEN, KELLY		1 2 NA						
STREET ADDRESS 508 S OSCEOLA AVE			1.3 STREET			883 GREENWOOD MANOR			
CITY-ST-ZIP	ORLANDO FL			Y-\$T-21	P T	WEST MELBOURNE, FL	32904	F1 a:	
TITLE		DELETE						Change	☐ Addition
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STREET ADDRESS				2.3 STREET ADDRESS					
CITY-ST-ZIP TITLE		DELETE		2. 4 CITY - S1 - ZIP 3.1 TITLE				Change	Addition
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CITY-ST-ZIP			1		·				
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CITY-ST-ZIP			1	Y-ST-ZIF					
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STREET ADDRESS			6.3 STR	EET ADD	RESS				
CITY-ST-ZIP			1	Y - ST - <i>Z</i> (F					]
14. I hereby c	ertify that the information supplied with	this filing does not qualify for	the exer	noitan	stated in	Section 119.07(3)(i), Florida Statutes	s. I further ce	rtify that the	information
officer or o	on this annual report or supplemental a director of the corporation or the receiv or Block 13 if changed, or on an attach	er or trustee enipowered to e:	rate and xecute th	mat m nis repo	ort as requ	re shall have the same legal effect a uired by Chapter 607, Florida Statute	s it made unes; and that r	ny name ap	au am an pears in