

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000054774			
1. Corporation Name QUANTEX CORPORATION			
Principal Place of Business		Mailing Address	
13902 N. DALE MABRY, SUITE 103		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business		3. Date Incorporated or Qualified 09/27/1995	
2a. Mailing Address		3a. Date of Last Report	
21 Suite, Apt. #, etc.		4. FEI Number 59-3340220	
22 City & State		Applied For <input type="checkbox"/> Not Applicable	
23 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Zip		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
26 Suite, Apt. #, etc.			
27 City & State			
28 TAMPA, FL			
29 33618			
30 Country			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
STEWART, DAVID S.		81 Name	
13902 N. DALE MABRY, SUITE 103		82 Street Address (P.O. Box Number is Not Acceptable)	
TAMPA, FL 33618		83	
		84 City	
		85 Zip Code	
		FL	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Signature, typed or printed name of registered agent and title if applicable			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID S STEWART	12. NAME	
STREET ADDRESS	13902 N D. MABRY, ST 103, TAMPA FL	13. STREET ADDRESS	
CITY - ST - ZIP		14. CITY - ST - ZIP	
TITLE	SECRETARY	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUANA C. STEWART	22. NAME	
STREET ADDRESS	13902 N. D. MABRY, ST 103, TAMPA FL	23. STREET ADDRESS	
CITY - ST - ZIP		24. CITY - ST - ZIP	
TITLE	TREASURER	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUANA C. STEWART	32. NAME	
STREET ADDRESS	13902 N. D. MABRY, ST 103, TAMPA, FL	33. STREET ADDRESS	
CITY - ST - ZIP		34. CITY - ST - ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. 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: DAVID S. STEWART		Date 7-31-96 Daytime Phone # 813-265-1902	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			