

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

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May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000015036 (4)

1. Corporation Name
QUANTUM BUSINESS SERVICES INC.

Principal Place of Business 900 E NEW HAVEN AVE STE 214 MELBOURNE FL 32901 US	Mailing Address 900 E NEW HAVEN AVE STE 214 MELBOURNE BEACH FL 32907-3470 US
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3. Date Incorporated or Qualified 02/21/1994	3a. Date of Last Report 05/21/1996
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2. Principal Place of Business 21 5100 S. CLEVELAND AVE Suite, Apt. #, etc. 22 #318-319 City & State 23 FT. MYERS, FL Zip 24 33907	2a. Mailing Address 26 5100 S. CLEVELAND AVE Suite, Apt. #, etc. 27 #318-319 City & State 28 FT. MYERS, FL Zip 29 33907 Country 30 LEE
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4. FEI Number 59-3230903	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
POLO, MARIA D.A.
900 E NEW HAVEN AVE
STE 214
MELBOURNE BEACH FL 32901

10. Name and Address of New Registered Agent
81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 #318-319 84 City 85 Zip Code
POLO, MARIA D.A. 5100 S. CLEVELAND AVE FT. MYERS FL 33907

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 MARIA POLO *Maria Polo* DATE 4/28/97
(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE	D POLO, MARIA D.A. <input type="checkbox"/> DELETE
NAME	103 FONTAINE STREET
STREET ADDRESS	MELBOURNE BEACH FL 32951
CITY - ST - ZIP	
TITLE	D WHITE, EVELYN <input type="checkbox"/> DELETE
NAME	103 FONTAINE STREET
STREET ADDRESS	MELBOURNE BEACH FL 32951
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D POLO, MARIA D.A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	12610 EQUESTRIAN CIR #1614
1.3 STREET ADDRESS	FT. MYERS, FL 33907
1.4 CITY - ST - ZIP	
2.1 TITLE	D WHITE, EVELYN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	5100 S. CLEVELAND AVE #318-319
2.3 STREET ADDRESS	FT. MYERS, FL 33907
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: EVELYN WHITE *Evelyn White* DATE 4/28/97 (941) 275-3019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)