

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000049840 (9)

1. Corporation Name

QUANTUM ELECTRICAL CONTRACTING, INC.

Principal Place of Business

1240 W. INDUSTRIAL AVENUE  
UNIT 3  
BOYNTON BEACH FL 33426  
US

Mailing Address

1240 W. INDUSTRIAL AVENUE  
UNIT 3  
BOYNTON BEACH FL 33426-2906  
US

2. Principal Place of Business

21 10375 Boynton Pl Cir

2a. Mailing Address

26 10375 Boynton Pl Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23 Boynton Beach, Fl

27 City & State

28 Boynton Beach, Fl 33437

Zip

Country

24 33437

25 Palm Beach

29 Zip

30 Country

30 Palm Beach

9. Name and Address of Current Registered Agent

ERIC BARRECA  
10645 SKYFLOWER WAY  
777 E. ATLANTIC AVENUE STE. 226  
BOYNTON BEACH FL 33436

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 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:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRECA, ERIC		1.2 NAME	
STREET ADDRESS	10375 BOYNTON PL. CIRCLE		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437		1.4 CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRECA, ERIC		2.2 NAME	
STREET ADDRESS	10375 BOYNTON PL. CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL		2.4 CITY-ST-ZIP	
TITLE	STD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRECA, ERIC		3.2 NAME	
STREET ADDRESS	10375 BOYNTON PL. CIRCLE		3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL		3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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: *Eric Barreca*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/97 (5)0369-1184  
Daytime Phone #

CR2E034 (9/96)