FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000015089 (2)**

1. Corporation Name
QUANTUM LIGHTS, INC.

Principal Place of Business
140 MILL SPRING PLACE
ORMOND BEACH FL 32175 32174

Mailing Address
140 MILL SPRING PLACE
ORMOND BEACH FL 32175 32174

2. Principal Place of Business
21 140 Mill Spring Pl
Suite, Apt. #, etc
22
City & State
23 Ormond Beach Fla
Zip
24 32174
Country
25 Usa

2a. Mailing Address
26 140 Mill Spring Pl
Suite, Apt. #, etc.
27
City & State
28 Ormond Beach. Fla
Zip
29 32174
County
30 Volusia

3. Date Incorporated or Qualified
02/22/1995

3a. Date of Last Report

4. FEI Number
[X] 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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent
VUKELJA, DAVID A
595 W. GRANADA BLVD.
SUITE A
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent
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 607.0505, 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 of New or Former Registered Agent — Date

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	Martin W Zimmerman
STREET ADDRESS	140 Mill Spring Place
CITY-ST-ZIP	Ormond Beach FL 32174
[ ] DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
[ ] DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
[ ] DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
[ ] DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
[ ] DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	[ ] Change [ ] Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	

5-1-96

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***200.00

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96
Date

904-677-6595
Daytime Phone #

CR2E034 (12/95)