

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000085752 (0)**

1. Corporation Name

QUANTUM CHROMODYNAMICS, INC.



Principal Place of Business

**4400 NORTHWEST 23RD AVENUE STE B
GAINESVILLE FL 32606**

Mailing Address

**4400 NORTHWEST 23RD AVENUE STE B
GAINESVILLE FL 32606**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**TALMOR, HANOCH
4400 NORTHWEST 23RD AVENUE STE B
GAINESVILLE FL 32606**

3. Date Incorporated or Qualified

11/06/1995

3a. Date of Last Report

4. FEI Number

59-3341266

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

☐ Yes

☒ No

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 607.0562 and 607.1506, 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of officer or director or authorized agent

Signature of Agent or authorized agent

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PRESIDENT**

STREET ADDRESS **DAVID LAKE LACE**

CITY-STATE-ZIP **4400 NW 23RD AVE #B**

GAINESVILLE FL 32606

TITLE ☐ DELETE

NAME **VICE PRESIDENT**

STREET ADDRESS **HANOCH TALMOR**

CITY-STATE-ZIP **4400 NW 23RD AVE #B**

GAINESVILLE FL 32606

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

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2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HANOCH TALMOR

4/22/96

352-372005

CR2E034 (12/95)