


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

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Apr 16 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 # **P96000011199 (2)**

1. Corporation Name

QUANTUM FINANCIAL RESOURCES, INC.



Principal Place of Business	Mailing Address
813 E BLOOMINGDALE AVE STE 230 BRANDON FL 33511	813 E BLOOMINGDALE AVE STE 230 BRANDON FL 33511-8113

3. Date Incorporated or Qualified 02/02/1996	3a. Date of Last Report
4. FEI Number 59-3358882	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	

2. Principal Place of Business	2a. Mailing Address
21 1515 Fox Hill PLACE	26 1515 Fox Hill PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 VALRICO FLORIDA	28 VALRICO FLORIDA
Zip	Zip
24 33594	29 33594
Country	Country
25 USA	30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FELICIANO, RAYMOND 813 E BLOOMINGDALE AVE STE 230 BRANDON FL 33511	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1515 Fox Hill PLACE 83 84 City VALRICO
	FL 85 Zip Code 33594

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 *Raymond Feliciano* DATE **1/10/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PT FELICIANO, RAYMOND
STREET ADDRESS	813 E BLOOMINGDALE AVE STE 230
CITY - ST - ZIP	BRANDON FL 33511
TITLE	<input type="checkbox"/> DELETE
NAME	VS FELICIANO, ANA
STREET ADDRESS	813 E BLOOMINGDALE AVE STE 230
CITY - ST - ZIP	BRANDON FL 33511
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1515 Fox Hill PLACE
1.4 CITY - ST - ZIP	VALRICO, FLORIDA 33594
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1515 Fox Hill PLACE
2.4 CITY - ST - ZIP	VALRICO, FLORIDA 33594
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	700002145857
6.3 STREET ADDRESS	-04/17/97--01019--017
6.4 CITY - ST - ZIP	***165.00

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: *Raymond Feliciano* **Raymond Feliciano** 1/10/97 (813) 653-3497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)