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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

DOCUMENT # P96000011199 (2)  
1. Corporation Name  
QUANTUM FINANCIAL RESOURCES, INC.



Principal Place of Business: 813 E BLOOMINGDALE AVE STE 230 BRANDON FL 33511  
Mailing Address: 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:  \$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

2. Principal Place of Business  
21. 1515 Fox Hill PLACE  
22. Valrico FLORIDA  
23. 33594 USA  
2a. Mailing Address  
26. 1515 Fox Hill PLACE  
27. Valrico FLORIDA  
28. 33594 USA  
29. USA

9. Name and Address of Current Registered Agent  
FELICIANO, RAYMOND  
813 E BLOOMINGDALE AVE STE 230  
BRANDON FL 33511

10. Name and Address of New Registered Agent  
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* (NOTE: Registered Agent signature required when reinstating) DATE: 1/10/97

12. OFFICERS AND DIRECTORS

|                 |                                |                                 |
|-----------------|--------------------------------|---------------------------------|
| TITLE           | PT                             | <input type="checkbox"/> DELETE |
| NAME            | FELICIANO, RAYMOND             |                                 |
| STREET ADDRESS  | 813 E BLOOMINGDALE AVE STE 230 |                                 |
| CITY - ST - ZIP | BRANDON FL 33511               |                                 |
| TITLE           | VS                             | <input type="checkbox"/> DELETE |
| NAME            | 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            |  |
| 6.3 STREET ADDRESS  | 700002145857   |
| 6.4 CITY - ST - ZIP | -04/17/97--01019--017<br>***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* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 1/10/97 DAYTIME PHONE #: (813) 653-3497

CR2E034 (9/96)