

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

PROFIT CORPORATION  
AMENDED ANNUAL REPORT  
1998

FLORIDA DEPARTMENT OF STATE  
Sandra D. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 9916000017517  
1. Corporation Name  
Quantum Technologies of America, Inc.

APPROVED  
AND  
FILED

98 NOV -4 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4899-B W. Waters Ave  
Tampa FL 33634

Mailing Address  
same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
2-2-96

4. FEI Number  
59-3362950

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business  
21 4899-B W. Waters Ave  
Suite, Apt. #, etc.  
22  
City & State  
23 Tampa FL  
Zip  
24 33634 Country  
25 USA

2a. Mailing Address  
26 same  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29  
Country  
30

9. Name and Address of Current Registered Agent

Michael W. Hunter  
1106 W. Braddock St  
Tampa FL 33603

10. Name and Address of New Registered Agent

81 Name  
David R. Murphy  
82 Street Address (P.O. Box Number is Not Acceptable)  
18039 Jorane Road  
83  
84 City  
Odessa FL 85 Zip Code  
33556

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 David R. Murphy David R. Murphy President DATE 10-14-98  
Signature, typed or printed name of registered agent, and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |   |
|----------------|---|
| TITLE          | <u>Michael W. Hunter</u> <input checked="" type="checkbox"/> DELETE |
| NAME           | <u>Michael W. Hunter</u>  |
| STREET ADDRESS | <u>1106 W. Braddock St</u>  |
| CITY-ST-ZIP    | <u>Tampa FL 33603</u>   |
| 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    |   |
| TITLE          | <input type="checkbox"/> DELETE                                     |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <u>David R. Murphy</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | <u>David R. Murphy</u>   |
| 1.3 STREET ADDRESS | <u>18039 Jorane Road</u>   |
| 1.4 CITY-ST-ZIP    | <u>Odessa FL 33556</u>   |
| 2.1 TITLE          | <u>Vice President</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 2.2 NAME           | <u>Tiede, Richard E</u>  |
| 2.3 STREET ADDRESS | <u>1929 Oro Court</u>  |
| 2.4 CITY-ST-ZIP    | <u>Clearwater FL 34624</u>   |
| 3.1 TITLE          |  |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          |  |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          |  |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          |  |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    |  |

14. I 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: David R. Murphy  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-14-98 (813) 244-1717  
Daytime Phone #

CR2E034 (10/97)