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

Principal Place of Business

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED May 05 1998 8:00am Secretary of State

1 '	MENT # P96000 QUITY TRADING, INC.	0057975 (0)			
Principal Place of Business Mailing Address				- 148011001 (18 10(10 6)(1) 00(1) 00(1) 00(1)	(III TREID IOIII IORDI BIII IODI
401 NE MIZN	AFR BLVD	PO BOX 810063			
PH 902 BOCA RATON FL 33481				DO HOT MEITE IN THE	200405
BOCA RATO	NF L 33432	US		DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	S SPACE
US				07/08/1996	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0675841	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Ζιρ	Country	8. This corporation owes or has paid the c	
24	[26]	29	30]	Personal Property Tax due June 30.	L Yes L No
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent COBEL DOLO COTT 81 Name					
SUBEL, DUUG SCUTT					
401 NE MIZNER BLVD			82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
PH 902 BOCA RATON FL 33432			83		
	OUX NATUR FL 30432				
			84 City	F	85 Zip Code
11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist office or registerod 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 registe					
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, typed or printed name of registered age		E Registered Agent signature requi-		
12.	OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PTD Sobel, Doug Scott	L. DELETE	1.1 TOLE		Change Addition
NAME STREET ADDRESS	401 NE MIZNER BLVD, PH 90	าว	1.2 NAME		
	BOCA RATON FL	12	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DVS	DELETE	1.4 CITY-ST-ZIP 2 1 TITLE		Change Addition
NAME	ROBBINS, SYLVIA		22 NAME		
STREET ADDRESS	4400 HILLCREST DRIVE, #50	0	23 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021	-	2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		Change Addition
NAME]		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		ĺ
STREET ADDRESS]		4.3 STREET ADDRESS		Ì
CITY-ST-ZIP		T DELETE	4.4 CITY-ST-ZIP		Change D 4 2 2 2 2
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		!
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CiTY-ST-ZIP		Change Addition
TITLE	İ	€ peret	6.1 TITLE		C cuange C Munition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
CITY-ST-ZIP					
	I certify that the information supplied w	ith this filing does not qualify fo	6 4 CITY-ST-ZIP	Section 119 07/3/ii) Florida Statutes, Lfurther of	certify that the information

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. On an attachment fifth an address.

SIGNATURE

real Markett

98 561-702-36841