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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000027469 (0)

QUANTUM CONCEPTS, INC.

FILED May 14 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						-		10011-31010-0	IND IDN IDN	
15021 SOUTH BISCAYNE RIVER DRIVE 15021 SOUTH BISCAYNE REMIAM! FL 33168				RIVE	<u> </u>	DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified				
						03/26/1997				
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	_		pplied For	
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.						-65.075452	.7		ot Applicable	
22		27				Certificate of Status Desired			Additional equired	
City & State	•	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip	Country Zip C			Country		B. This corporation owes or has pa	id the curr	ent year in	tangible	
24	25 29 30					Personal Property Tax due June		Yes 🙋	2 9	
	9. Name and Address of Current		81	Mana	10. Name and Address of New Re	gistered A	gent			
PHILLIPS, GEORGE R					81 Name					
15021 SOUTH BISCAYNE RIVER DRIVE MIAMI FL 33168				82	Street Addre	ess (P.O. Box Number is Not Acceptab	ole)			
				83						
			1	84	Cłty		FL	85 Zip	Code	
11. Pursuant t	to the provisions of Sections 607.0502		e-named corpc	pration submits this statement for the r		<u> </u>	ts registered			
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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE										
Signature, typod or printed name of registered againt and title if applicable (NOTE Register 12. OFFICERS AND DIRECTORS 13					nt signature required	ADDITIONS/CHANGES TO OFFICE	DATE CERS AND	DIRECTO	RS IN 12	
TITLE			_	1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition	
NAME	Buttune oronne n			ME				•		
STREET ADDRESS	ARABA GOLITHA BIOGRAPHIE BUIED BBILLE			REET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33168			Y- \$1	T- ZIP					
TITLE	D	☐ DELETE	DELETE 2.1 TI					Change	Addition (
NAME ,	***************************************			2.2 NAME						
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CITY-ST-ZIP	MIAMI FL 33168	- Drugge	2. 4 CITY		ST - ZIP				T-1 (100	
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NAME	'			3.2 NAME						
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NAME				4. 2 NAME				ondingo		
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CITY-ST-ZIP	4.4 (4.4 CITY-ST-ZIP						
TITLE			5.1 T(T	LΕ				Change	Addition	
NAME] :		5.2 NA	5.2 NAME						
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CITY ST-ZIP				.4 CITY-ST-ZIP						
TITLE		☐ DELETE		6.1 TITLE			į	☐ Change	☐ Addition	
NAME			6.2 NA							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	adily that the information evenlind with	this filing does not qualify to	6.4 CIT			action 119 07/3/(i) Florida Statutes T	further one	tifu that the	information	
14. I nereby c	ertify that the information supplied with	s this triing does not qualify to	9XO ONIK	mpt	uon stated in S	section 119.07(3)(i), Florida Statutes. I	TURNOT COT	ury that the	a intermation	

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 or an attachment within address.

15(98 (305)6651151