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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000013407 1. Corporation Name

QUANTUM ENERGY MAGNETS, INC.

Principal Place of Business

Mailing Address

4926 INDIAN SPRINGS CT. PLANT CITY FL 33565

4926 INDIAN SPRINGS CT. PLANT CITY FL 33565

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90024 036 ***150.00



DO NOT WRITE IN THIS SPACE

							02/09/1998			Ì	
Principal Place of Business 21			2a. Mailing Address				4 FEI Number	Ap	plied For		
							59-3490451		No	t Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & Stat		- -:- 1	City & State			`	6. Election Campaign Financing		\$5.00	May Be	
23		28					Trust Fund Contribution		Added 1	- 1	
Zip	Country	7	Zip Cot				8. This corporation owes the current	ear Inta	ngible		
24	25	29	30			Personal Property Tax.					
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				gent		
				81	Na	ime				ļ	
HUM		82	2 Street Address (P.O. Box Number is Not Acceptable)								
4926 INDIAN SPRINGS CT.			GE Street Audi			CEL Addic.	TO ESS (1 .O. DON TRUTTURE TO TROUT ACCEPTABLE)				
PLANT CITY FL 33565				83							
	·			_	ļ		<u>.</u>		OC 7i= (Code	
				84	Cit	ty		FL	85 Zip (Code	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florid	da. Such change was aut	horized by	the	ned corpor corporation	ration submits this statement for the purp i's board of directors. I hereby accept the	ose of o	hanging its tment as re	registered gistered	
	Signature, typed or printed name of registered agent	and title	if applicable. (NOTE: R	egistered Age	nt signa	ture required	when reinstating)	PATE			
12	OFFICERS AND	DIRE		13.		,.	ADDITIONS/CHANGES TO OFFICE	RS ANI			
TITLE			☐ DELETE 1.11		TITLE		resident. Director		☐ Change	Addition	
NAME				12 NAME		Ru	yan C. Humphreys 4926 Indian Springs Ct.			ļ	
STREET ADDRESS			1.3 \$		TADOF	RESS	4926 Indian Springs Ct.				
CITY-ST-ZIP					T-ZIP		Plant City, FL 33565				
TITLE			☐ DELETE 21 TR		TITLE		 		☐ Change	Addition	
NAME				2.2 NAME							
STREET ADDRESS	}			2.3 STREE	TADDE	ESS				Ì	
CITY-ST-ZIP				2.4 CITY-	ST-ZIP	1		· _			
TITLE			DELETE	3.1 TITLE					Change	☐ Addition	
NAME	}			3.2 NAME		- }				}	
STREET ADDRESS				3.3 STREE	T ADDF	RESS					
CITY-ST-ZIP				3.4, CITY-	ST-ZIP				_		
πιΕ			☐ DELETE	4.1 TITLE					☐ Change	☐ Addition	
NAME				4. 2 NAME							
STREET ADDRESS				4.3 STREE	T ADDF	RESS				•	
CITY-ST-ZIP				4.4 CITY-8							
TITLE			DELETE	5.1 TITLE	_				Change	☐ Addition	
NAME				5.2 NAME							
STREET ADDRESS				5,3 STREE	T ADDF	RESS		•			
CITY-ST-ZIP				5,4 CITY-5	T-ZIP						
TITLE			☐ DELETE	6.1 TITLE					Change	Addition	
NAME	}			6.2 NAME]			-		
STREET ADDRESS				6.3 STREE	 TADDF	RESS					
	Mar 1916 to 11 12 15 77			6.4 CITY-5		·	=,			1	
CITY-ST-ZIP; > 1	ABONET AND CARRE			4.4 011143	· <u></u> IF						

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, with all other like empowered.

SIGNATURE:

8/3-757-6770