

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90275 014 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # *pa8 00087608*

1. Corporation Name
QUANTUM FINANCIAL MANAGEMENT COMPANY
 5950 MIDNIGHT PASS ROAD
 SARASOTA, FLORIDA 34242

Principal Place of Business Mailing Address
5950 MIDNIGHT PASS ROAD, UNIT 210
SARASOTA, FLORIDA 34242

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
October 13, 1998

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
5950 MIDNIGHT PASS ROAD					5950 MIDNIGHT PASS ROAD				
Suite, Apt. #, etc.					Suite, Apt. #, etc.				
UNIT 210					UNIT 210				
City & State					City & State				
SARASOTA, FLORIDA					SARASOTA, FLORIDA				
Zip Country					Zip Country				
34242 USA					34242 USA				

4. FEI Number 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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
WILLIAM T. KIRTLEY
2940 SOUTH TAMiami TRAIL
SARASOTA, FLORIDA 34239

10. Name and Address of New Registered Agent

81	Name	TIMOTHY YOCUM	
82	Street Address (P.O. Box Number is Not Acceptable)	5950 MIDNIGHT PASS ROAD	
83		UNIT 210	
84	City	SARASOTA	FL
85	Zip Code	34242	

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 *Timothy Yocum* DATE **4/27/99**

12. OFFICERS AND DIRECTORS

TITLE	Director, President, Secretary, Treasurer	<input type="checkbox"/> DELETE
NAME	Timothy Yocum	
STREET ADDRESS	5950 Midnight Pass Road, Unit 210	
CITY-ST-ZIP	Sarasota, Florida 34242	
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

1.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		
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, with all other like empowered.

SIGNATURE: *Timothy Yocum* **Timothy Yocum** DATE **4/27/99**

CR2E034 (11/98)