## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S33686 (4)

**QUANTA CORPORATION** 

| Principal Place of Business Mailing Address  |  |   |                       |                         | r negispin sen ising sekin bilai fatika bili gibit bilait bilait bilait bilait bilait bilait bilait |  |
|--|--|---|-----------------------|-------------------------|---|--|
| 629 JUPITER<br>1000 N. U.S<br>JUPITER FL<br>US   | 1000 N. U.S<br>Jupiter Fl                          | 629 JUPITER HARBOR<br>1000 N. U.S HWY ONE<br>JUPITER FL 33477<br>US |                       |                         | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified   3a. Date of Last Report             |  |
|  |  | •   |                       |                         |   | 02/21/1991 01/24/1996  |
| 2. Principal P   | 2. Principal Place of Business 2a. Mailing Address |   |                       |                         |   | 4. FEI Number Applied For  |
| 21   |  | 26  |                       |                         |   | <b>59-3052731</b> Not Applicable   |
| Suite, Apt.  |  | 27  |                       |                         |   | 5. Certificate of Status Dosired \$8.75 Additional Fee Required  |
| City & Stat  | le   | <del>                                     </del>                    | City & State          |                         |   | 6. Election Campaign Financing \$5.00 May Be   |
| 23 Zin   | Country  | 28  | <del></del>           | 0                       |   | Trust Fund Contribution  |
| Zip Country 25   |  | h   | Zip Country <b>30</b> |                         |   | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No  |
| 24   | 9. Name and Address of Curre                       |   |                       | 30)                     |   | Personal Properly Tax due June 30.  Yes No  10. Name and Address of New Registered Agent   |
| SI   | TEPHAN, RICK                                       |   | ·                     | 81                      | Name  | To the second se |
|  | 29 JUPITER HARBOR                                  |   |                       |                         | - Ci A  | Add (0.0 D. N  |
|  | 000 N. U.S. HWY ONE                                |   |                       | 82                      | Street A  | Address (P.O. Box Number is Not Acceptable)  |
| JUPITER FL 33477   |  |   |                       | 83                      |   |  |
|  |  |   |                       | 84                      | City  | FL 85 Zip Code   |
| 11. Pursuant   | to the provisions of Sections 607.05               | 02 and 607,1508, Fk   | orida Statutes        | s, the above            | -named c  | 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 agonal and title of applicable (NOTE: Registered Agonal signature required when reinstating) DATE   |  |   |                       |                         |   |  |
| 12.  | OFFICERS AS  | ND DIRECTORS  | DELETE                | 13.<br>1.1 TITLE        | · ·   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition   |
| NAME   | STEPHAN, RICK                                      | ب   | OLICIE                | 1.2 NAME                |   |  |
| STREET ADDRESS 629 JUPITER HARBOR 1000 N US HWY 1  |  |   |                       | 1.3 STHEET              | 2930004   |  |
| CITY-ST-ZIP  | JUPITER FL 33477                                   |   |                       | 1.3 STREET              | I   |  |
| TITLE  |  |   | DELETE                | 2 1 11ILF               |   | ☐ Change ☐ Addition  |
| NAME   |  |   |                       | 2.2 NAME                | İ   | _ • •  |
| STREET ADDRESS   |  |   |                       | 2.3 STREET              | ADDRESS   |  |
| CITY-ST-ZIP  |  |   |                       | 2. 4 CITY-S             | T-ZIP   |  |
| TITLE  |  |   | DELETE                | 3.1 TITLE               |   | ☐ Change ☐ Addition  |
| NAME   |  |   |                       | 3.2 NAME                |   |  |
| STREET ADDRESS   |  |   |                       | 3.3 STREFT              |   |  |
| CITY-ST-ZIP  |  |   | DELETE                | 3.4. CITY - S           | 1 - 2(P   |  |
| T(TLE<br>NAME  |  |   | DELLIE                |                         |   | Change   |
| STREET ADDRESS   |  |   |                       | 4. 2 NAME<br>4.3 STREET | ADDDCCC   |  |
| CITY-ST-7IP  |  |   |                       | 4.3 STREET              |   |  |
| TITLE  |  |   | DELETE                | 5.1 TrillE              | . 211   | Change Addition  |
| NAME   |  |   |                       | 5.2 NAME                |   |  |
| STREET ADDRESS   |  |   |                       | 5.3 STREE1              | ADDRESS   |  |
| CITY-ST-ZIP  |  |   |                       | 5.4 C(1)Y-S             |   |  |
| TITLE  |  |   | DELETE                | 6.1 TITLE               |   | ☐ Change ☐ Addition  |
| NAME   |  |   |                       | 6.2 NAME                |   |  |
| STREET ADDRESS   |  |   |                       | 6.3 STREE1              | ADDRESS   |  |
| CITY-ST-ZIP  | 1  |   |                       | 6 4 CITY-ST             |   |  |
| 14. I do hereby certify that the information supplied with this rilin), 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 innual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the review of trustee open of the review of the 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. |  |   |                       |                         |   |  |

**FILED** 

Sep 03 1997 8:00am

Secretary of State