FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 APR 29 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S20043

1. Corporation Name
Quanta Physik, Inc.

Principal Place of Business	Mailing Address
1620 16th Terrace Palm Beach Gardens, FL 33418	1620 16th Terrace Palm Beach Gardens, FL 33418

3. Date Incorporated or Qualified: 09/23/1991
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 4584 Satinleaf Lane	26 4584 Satinleaf Lane
22 Suite, Apt. #, etc: S	27 Suite, Apt. #, etc:
23 City & State: Sarasota, FL	28 City & State: Sarasota, FL
24 Zip: 34241 25 Country: USA	29 Zip: 34241 30 Country: USA

4. FEI Number: 65-0298114 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
D'Angio, Robert A.
10629 N Military Trail
Suite 208
Palm Beach Gardens, FL 33410

10. Name and Address of New Registered Agent
81 Name: Adele S. Rainone
82 Street Address (P.O. Box Number is Not Acceptable): 4584 Satinleaf Lane
83
84 City: Sarasota FL 85 Zip Code: 34241

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: Adele S. Rainone — 4/25/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P/Tr	☒ Change ☐ Addition
NAME	Scalise, Stanley J.		1.2 NAME	Adele S. Rainone	
STREET ADDRESS	1620 16th Terrace		1.3 STREET ADDRESS	4584 Satinleaf Lane	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418		1.4 CITY-ST-ZIP	Sarasota, FL 34241	
TITLE		☐ DELETE	2.1 TITLE	V	☐ Change ☒ Addition
NAME			2.2 NAME	MACON, MICHAEL C.	
STREET ADDRESS			2.3 STREET ADDRESS	4584 Satinleaf Lane	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Sarasota, FL 34241	
TITLE		☐ DELETE	3.1 TITLE	V	☐ Change ☒ Addition
NAME			3.2 NAME	MACON, MAX Roderick	
STREET ADDRESS			3.3 STREET ADDRESS	4584 Satinleaf Lane	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Sarasota, FL 34241	
TITLE		☐ DELETE	4.1 TITLE	V	☐ Change ☒ Addition
NAME			4.2 NAME	MACON, MATTHEW A	
STREET ADDRESS			4.3 STREET ADDRESS	4584 Satinleaf Lane	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Sarasota, FL 34241	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	300002162083--6	
STREET ADDRESS			5.3 STREET ADDRESS	-05/02/97--01013--021	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	****165.00 ****165.00	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	4-29-97	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Adele S. Rainone — 4/25/97 — 941-927-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
EXT. 1212