

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V03873** (9)

1. Corporation Name

QUANTUM FINE CASEWORK, INC.



Principal Place of Business

**3560 NW 53 COURT
FT LAUDERDALE FL 33309
US**

Mailing Address

**4111 NW 73 AVE
CORAL SPRINGS FL 33065**

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**HABER, RONALD
1370 NW 16 ST
MIAMI FL 33125**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

01/03/1992

3a. Date of Last Report

04/28/1995

4. FEI Number

65-0303460

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.05, 2 and 607.2509, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12.

OFFICERS AND DIRECTORS

TITLE

D

NAME

MCGOVERN, JEFF

STREET ADDRESS

4111 NW 73 AVE

CITY, ST, ZIP

CORAL SPRINGS FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

14. I do hereby certify that the information supplied by this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this filing is not a duplicate of information previously filed 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 and the responsibility for the accuracy of the information provided in this report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, in or attached hereto and is correct.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY P. MCGOVERN 3-22-96 305-735-8000

CR2E034 (12/95)