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

**FILED** May 06 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9)QUANTUM FINE CASEWORK, INC. Principal Place of Business Mailing Address 3560 NW 53 COURT 5180 NW 109 TERRACE FT LAUDERDALE FL 33309 **CORAL SPRINGS FL 33076** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/03/1992 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0303460 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Ant. #, etc 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HABER, RONALD FIWARD S. ROBBINS, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
800 S.E. 3AD AVENUE 1370 NW-16 ST MIAM! FL 33125 63 300 64 AUDGLOALE is of Sections 607.0502 and 607.1508, Florida Statutes, the ned corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered 11. Pursuant office or re the provisio or both, in the State of Horida. Such change wa and accept the obligations of, Seption 107.0505, gistered agen **Va**miliar with, **SIGNATURE** ed Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. \_\_ DELE**te** Change Addition 1.1 TITLE D, P TITLE MCGOVERN, JEFF 5170 NW 1097H TERRACE MCGOVERN, JEFF 1.2 NAME NAME **5180 NW 109 TERRACE** 1.3 STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL coral spangs fl 33076 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 21 TITLE TITE F BOURNE JR. WILLIAM H. 6467 SW 48TH STREET 2.2 NAME NAME STREET ADDRESS 23 STREET ADDRESS MIAMI FL 33155 2 4 CITY-ST-7IP CITY - ST-ZIP Change Addition DELETE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 THLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - 7IP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change \_\_\_ Addition DELETE 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. Thereby certify that the information sul-indicated on this annual report or suppr officer or director of the communition or Block 12 or Block 13 if changes, or on in the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

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urate and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

(954) 735-8001