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APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # V32944 (3)

1. Corporation Name
QUANTUM DEVELOPMENT GROUP, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
425 W. COLONIAL DRIVE 425 W. COLONIAL DRIVE
SUITE 202 SUITE 202
ORLANDO FL 32804 ORLANDO FL 32804
US US

3. Date Incorporated or Qualified 04/30/1992
3a. Date of Last Report 05/01/1994

2. Principal Place of Business 2a. Mailing Address
21 2707 S. GOLDENROD RD. 26 2707 S. GOLDENROD RD.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 ORLANDO, FL. 28 ORLANDO, FL.
City Zip City Zip
24 32822 25 WS 29 32822 30 US

4. FEI Number 59-9193604 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
HAWKINS, KEVIN
540 MANOR RD
369 N. NEW YORK AVE., THIRD FLOOR
MAITLAND FL 32751

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when incorporating)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	HAWKINS, KEVIN
STREET ADDRESS	540 MANOR DR.
CITY - ST - ZIP	MAITLAND FL
TITLE	D
NAME	HOLLO, TIBOR
STREET ADDRESS	100 S. BISC. BLVD, SUITE 100
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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: _____ DATE: 4-21-95
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: KEVIN B. HAWKINS
 (Typed Name) 407-381-6000