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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V32944

(3)

QUANTUM DEVELOPMENT GROUP, INC.

FILED Apr 30 1997 8:00am Secretary of State

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	Business	Mailing Address				
5449 S SEMORAN E	SLVD	5449 8 SEMORAN BLVD	)			
STE 20 ORLANDO FL 32822 US		STE 20 ORLANDO FL 32822-1778				
		US	•	3. Date Incorporated or Qualified 04/30/1992	3a. Date of Las 04/22/1990	•
2. Principal Place	of Business	2a. Mailing Address	····	4. FEI Number		Applied For
1		26		59-3133604		Not Applicabl
Suite, Apt. # et	c.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 7	5 Additional Required
City & State		City & State		6. Election Campaign Financing		O May Be
3	Country	28	Country	Trust Fund Contribution	· · · · · · · · · · · · · · · · · · ·	ed to Fees
Zip 4	Country 25	Zip <b>29</b>	Country 30		Yes No	er s. 199.032,
	Name and Address of Co	urrent Registered Agent		10. Name and Address of New Ret	gistered Agent	
HAWKIN	s, kevin		81 Name			
540 MAI			82 Street Add	dress (P.O. Box Number is Not Acceptab	le)	
	EW YORK AVE., THIRD I	FLOOR	<u> </u>			
MAITLAN	ID FL 32751		83			
			84 City		85 Z	ip Code
44 0	in top of Continuo CO	1 0000 and 007 1000 Florida Otal	ledas the share decreed as	de alle alle alle alle	FL 83	- ita raniatara
office or regis	e provisions or Sections 607 tered agent, or both, in the t	r.0502 and 607.1508, Florida Stat State of Florida. Such change wa	tutes, the above-named cors s authorized by the corpor	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of changing of the appointment	g its registered as registered
agent. Lami fa	miliar with, and accept the o	obligations of, Section 607.0505,	Florida Statutes.			
Signature.	Los for the period of the of condition	day at good fills of analyzable (Al	OTE Denistered Association of the sec	alead whoo deinstoling	DATE	
Sign	ure, typed or printed name of register		OTE: Registered Agent signature req		DATE CERS AND DIRECT	ORS IN 12
Sign:		ed agent and title if applicable (NS AND DIRECTORS DELETE	13.	ulred when reinstating) ADDITIONS/CHANGES TO OFFIC		
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-97

407-381-6000

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