

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V49496** (5)

1. Corporation Name

QUANTUM BIONICS CORPORATION



Principal Place of Business

9099 SR 535
ORLANDO FL 32836

Mailing Address

9099 SR 535
ORLANDO FL 32836

3. Date Incorporated or Qualified
07/08/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 9101 S.R. 535
Suite, Apt. #, etc.

27 City & State

28 Orlando, FL
29 32836 30 Orange

4. FEI Number
59-3177987

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

YING, NELSON
9099 SR 535
ORLANDO FL 32836

10. Name and Address of New Registered Agent

81 Name
Cynthia Yu

82 Street Address (P.O. Box Number is Not Acceptable)
9101 S.R. 535

83

84 City
Orlando

FL

85 Zip Code
32836

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

Cynthia Yu
Signature, typed or printed name of registered agent and title if applicable

Cynthia Yu

3/4/96

407-876-1793

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

1 D ☐ DELETE
NAME **YING, NELSON**
STREET ADDRESS **7123 CALOOSA COURT**
CITY-ST-ZIP **ORLANDO FL**

1 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1 ☐ DELETE
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CITY-ST-ZIP

1 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE ☒ Change ☐ Addition
2 NAME
3 STREET ADDRESS **9101 S.R. 535**
4 CITY-ST-ZIP **Orlando, FL 32836**

2 1 TITLE ☐ Change ☒ Addition
2 NAME **VAS**
3 STREET ADDRESS **YING, NELSON JR.**
4 CITY-ST-ZIP **9101 S.R. 535**
ORLANDO, FL 32836

3 1 TITLE ☐ Change ☐ Addition
3 NAME
3 STREET ADDRESS

4 1 TITLE ☐ Change ☐ Addition
4 NAME
4 STREET ADDRESS

5 1 TITLE ☐ Change ☐ Addition
5 NAME
5 STREET ADDRESS

6 1 TITLE ☐ Change ☐ Addition
6 NAME
6 STREET ADDRESS

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 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:

Nelson Ying
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nelson Ying, Director

407-876-1793

Date Daytime Phone #

CR2E034 (12/95)