

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

FILED
Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V49496** (5)

1. Corporation Name
QUANTUM BIONICS CORPORATION

Principal Place of Business

**8088 SR 535
ORLANDO FL 32836**

Mailing Address

**9101 SR 535
ORLANDO FL 32836-8506
US**

3. Date Incorporated or Qualified 07/08/1992	3a. Date of Last Report 03/13/1996
4. FEI Number 59-3177987	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**YU, CYNTHIA
9101 SR 535
ORLANDO FL 32836**

10. Name and Address of New Registered Agent

81 Name YU, CYNTHIA c/o MARCO POLO COLUMBUS & FERRARI
82 Street Address (P.O. Box Number is Not Acceptable) 9101 S.R. 535, SUITE 300
83
84 City ORLANDO
85 Zip Code FL 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

(NOTE: Registered Agent signature required when reinstating)

3/3/97

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D YING, NELSON	12 NAME	YING, NELSON c/o MARCO POLO COLUMBUS & FERRARI
STREET ADDRESS	9101 SR 535	13 STREET ADDRESS	9101 S.R. 535, SUITE 300
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAS YING, NELSON JR	22 NAME	YING, NELSON JR. c/o MARCO POLO COLUMBUS & FERRARI
STREET ADDRESS	9101 SR 535	23 STREET ADDRESS	9101 S.R. 535, SUITE 300
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/97

DATE

407-876-1793

DAYTIME PHONE #

CR2E0356 (9/96)