

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V49496

AMENDED 99

1. Corporation Name

QUANTUM BIONICS CORPORATION

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1992

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 P.O. BOX 22887

23 City & State

24 LAKE BUENA VISTA, FL

25 Zip

26 32830

27 Country

28 US

2a. Mailing Address

26 Suite, Apt. #, etc.

27 P.O. BOX 22887

28 City & State

29 LAKE BUENA VISTA, FL

30 Zip

31 32830

32 Country

33 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name CYNTHIA YU
82 Street Address (P.O. Box Number is Not Acceptable)
C/O MARCO POLO, COLUMBUS & FERRARI, INC.
83 9101 S.R. 535, SUITE 300
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

CYNTHIA YU

08/11/1999

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	YING, NELSON
STREET ADDRESS		1.3 STREET ADDRESS	(N/A) P.O. BOX 22887
CITY-ST-ZIP		1.4 CITY-ST-ZIP	LAKE BUENA VISTA, FL 32830
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VAS
NAME		2.2 NAME	YING, NELSON JR
STREET ADDRESS		2.3 STREET ADDRESS	(N/A) P.O. BOX 22887
CITY-ST-ZIP		2.4 CITY-ST-ZIP	LAKE BUENA VISTA, FL 32830
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	600002983126--4
STREET ADDRESS		3.3 STREET ADDRESS	-09/09/99--01082--018
CITY-ST-ZIP		3.4 CITY-ST-ZIP	*****183.75 *****61.25
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NELSON YING

08/11/1999

(407)-876-1793

Date

Daytime Phone #

CR2E034 (1/1/98)