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

May 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 1. Corporation Name (3) QUANTA RESEARCH, INC. Principal Place of Business Mailing Address 2139 UNIVERSITY DR #298 2139 UNIVERSITY DR #298 CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/**29**/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 101 S.E. 2ND PLACE 101 S.E. 2ND PLACE Not Applicable <del>65-0347443</del> 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 203 203 Fee Required 22 27 City & State GAINESVILLE FL City & State
GAINESVILLE FL \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution <sup>Zip</sup> 32601 Country Country 6. This corporation owes or has paid the current year Intangible 32601 Personal Property Tax due June 30. Yes ☐ No 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HALSEMA, CHRISTOPHER M. 10654 NW 16TH ST 82 Street Address (\* . 101 S.E. ddress (P.O. Box Number is S.E. 2ND PLACE **CORAL SPRINGS FL 33071** 83 SUITE 203 City GAINESVILLE 32601 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ection 607,0505, Florida Statutes. 11. Pursuant to the p office or register 130/98 **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. **C** Change Addition DELETE 1.1 11116 TITLE HALSEMA, CHRISTOPHER NAME 1.2 NAME 101 S.E. 2ND PLACE #203 10654 N.W. 16 ST. 1.3 STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33071 GAINESVILLE FL 32601 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - 7IP CITY-ST-ZIP DELETE Change Addition TITLE 51 THLE 5 2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Addition DELETE Change 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS es fot qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in address. CITY-ST-ZIP I hereby certify that the information sy-indicated on this annual report or supplied. died with this f officer or director of the corpo

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