

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000004954 (3)**

1. Corporation Name
PRICE QUEST, INC.



Principal Place of Business: **4649 MORENA BLVD. SAN DIEGO CA 92117 US**
Mailing Address: **4649 MORENA BLVD. SAN DIEGO CA 92117 US**

3. Date Incorporated or Qualified: **09/23/1994**
3a. Date of Last Report: **04/18/1995**
4. FEI Number: **33-0628530**
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

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

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 Zip Code: **FL**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	LIVINGSTON, MARK T.	
STREET ADDRESS	6651 AVENIDA DE LAS PASCAS	
CITY-ST-ZIP	LA JOLLA CA	
TITLE	SCFO	<input type="checkbox"/> DELETE
NAME	CARTER, DANIEL T	
STREET ADDRESS	4649 MORENA BLVD.	
CITY-ST-ZIP	SAN DIEGO CA 92117	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PETERSON, PAUL A	
STREET ADDRESS	4649 MORENA BLVD.	
CITY-ST-ZIP	SAN DIEGO CA 92117	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SENEGAL, JAMES D	
STREET ADDRESS	4649 MORENA BLVD.	
CITY-ST-ZIP	SAN DIEGO CA 92117	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	CEO, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	ROBERT E. PRICE	
3. STREET ADDRESS	4649 MORENA BLVD	
4. CITY-ST-ZIP	SAN DIEGO CA 92117	
2. TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	ROBERT M. GANS	
23. STREET ADDRESS	4649 MORENA BLVD	
24. CITY-ST-ZIP	SAN DIEGO CA 92117	
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY-ST-ZIP		

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 118.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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 registered trustee or 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: _____ DATE: **4-30-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ROBERT M. GANS VICE-PRESIDENT**
619/681-4477

CR2E034 (12/95)