

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 # **F9500000282 (2)**

1. Corporation Name
QUEST ELECTRONIC HARDWARE, INC.



Principal Place of Business
**% GULFSTREAM FINANCIAL GROUP, INC.
ONE PARK PLACE, 621 NW 53RD ST., STE 330
BOCA RATON FL 33487**

Mailing Address
**% GULFSTREAM FINANCIAL GROUP, INC.
ONE PARK PLACE, 621 NW 53RD ST., STE. 330
BOCA RATON FL 33487**

3. Date Incorporated or Qualified **01/18/1995** 3a. Date of Last Report

2. Principal Place of Business
21 **6400 CONGRESS AVE**
Suite, Apt. #, etc.
22 **SUITE 200**
City & State
23 **BOCA RATON FL**
Zip Country
24 **33487** 25 **USA**

2a. Mailing Address
26 **6400 CONGRESS AVE**
Suite, Apt. #, etc.
27 **SUITE 200**
City & State
28 **BOCA RATON, FL**
Zip Country
29 **33487** 30 **USA**

4. FEI Number **65-0537602** 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
**NATIONAL CORPORATE RESEARCH, LTD.
1406 HAYS ST., STE. #2
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 type="checkbox"/> DELETE
NAME	POLIMENI, DOMINIC A	
STREET ADDRESS	ONE PARK PLACE, 621 NW 53RD ST., STE. 330	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	PO	<input type="checkbox"/> DELETE
NAME	SCHWIEBERT, PHILLIP D	
STREET ADDRESS	1180 MURPHY AVE.	
CITY-ST-ZIP	SAN JOSE CA 95131	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GUBITOSI, JOAN R	
STREET ADDRESS	621 NW 53RD ST., STE. 330	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	DOMINIC A. POLIMENI	
13 STREET ADDRESS	6400 CONGRESS AVE, SUITE 200	
14 CITY-ST-ZIP	BOCA RATON, FL 33487	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	JOAN R. GUBITOSI	
33 STREET ADDRESS	6400 CONGRESS AVE, SUITE 200	
34 CITY-ST-ZIP	BOCA RATON, FL 33487	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntary, 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: Dominic A. Polimeni **7/21/96** **(407) 989-0888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE #

CR2E034 (12/95)