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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **K65746** **(5)**

1. Corporation Name
ULTRA QUEST MANAGEMENT CORP.

Principal Place of Business	Mailing Address
6201 W. 8TH AVENUE ~~6773 CENTRAL AVE. STE A960~~ ~~KENNEWICK WA 99336~~ US	See New address below 6201 W. 8TH AVE. ~~6770 CENTRAL AVE. STE A960~~ ~~KENNEWICK WA 99336-6076~~ US

3. Date Incorporated or Qualified: 02/15/1989
3a. Date of Last Report: 04/16/1996

2. Principal Place of Business	2a. Mailing Address
21 103 Ross Lane	26 103 Ross Lane
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Vicksburg, MS	28 City & State: Vicksburg, MS
24 Zip: 39180 25 Country: Warren	29 Zip: 39180 30 Country: Warren

4. FEI Number: 59-2928322 ☐ 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	10. Name and Address of New Registered Agent
STEVE BELL ~~7811 AUTUMN PINES DRIVE~~ → ~~ORLANDO FL 32822~~ → New address →	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 6084 Jessica Drive 83 84 City: Apopka FL 85 Zip Code: 32703

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: Steve Bell address change only — 4/16/97
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	MCDONALD, JAMES H.		1.2 NAME		
STREET ADDRESS	~~6201 W 8TH AVE~~ →		1.3 STREET ADDRESS	103 Ross Lane	
CITY-ST-ZIP	~~KENNEWICK WA~~ → New Address		1.4 CITY-ST-ZIP	Vicksburg, MS 39180	
TITLE	VSD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	MCDONALD, MARIA J.		2.2 NAME		
STREET ADDRESS	~~6201 W. 8TH AVENUE~~ →		2.3 STREET ADDRESS	103 Ross Lane	
CITY-ST-ZIP	~~KENNEWICK WA~~ →		2.4 CITY-ST-ZIP	Vicksburg, MS 39180	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: James H. McDonald James H. McDonald 4/19/97 (601) 634-1311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #