

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

FILED

Apr 16 1997 8:00am  
Secretary of State

|                                                |                                                                                   |                                                                                                    |
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| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
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DOCUMENT # P95000021880 (6)

1. Corporation Name

AMERIQUEST GROUP, INC.



|                                                                                            |                                                                                     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Principal Place of Business<br>10460 ROOSEVELT BLVD., SUITE 286<br>ST. PETERSBURG FL 33716 | Mailing Address<br>10460 ROOSEVELT BLVD., SUITE 286<br>ST. PETERSBURG FL 33716-3821 |
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| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country | 3. Date Incorporated or Qualified<br>03/17/1995<br>3a. Date of Last Report<br>08/12/1996<br>4. FET Number<br>59-3302244<br>Applied For<br>Not Applicable<br>5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required<br>6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/> \$5.00 May Be Added to Fees<br>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
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| 9. Name and Address of Current Registered Agent<br>AMERILAWYER<br>343 ALMERIA AVE.<br>CORAL GABLES FL 33134 | 10. Name and Address of New Registered Agent<br>81 Name: Ken DeVaul<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>3176 Heron Place<br>83<br>84 City: Clearwater FL 85 Zip Code: 33762 |
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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 I accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE: Ken DeVaul Ken DeVaul President 1-3-97  
(NOTE: Registered Agent signature required when recertifying)

| 12. OFFICERS AND DIRECTORS |                                                                                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | P<br>DEVAUL, KENNETH C JR<br>10460 ROOSEVELT BLVD., SUITE 286<br>ST. PETERSBURG FL 33716 | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                                          | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                                          | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                                                                          | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                                                                                          | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                                          | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                                          | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                                                                          | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                                                                                          | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                                                          | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                                          | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                                                                          | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                                                                                          | 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                      |                                                                                          | 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                      |                                                                                          | 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 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: Ken DeVaul Ken DeVaul 4-3-97 (13) 571-3808

CR2E034 (9/96)