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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 # L17995 (6)

1. Corporation Name
MIND QUEST, INC.

Principal Place of Business	Mailing Address
% GROVER C. HERRING 515 N. FLAGLER DR. STE 601 W. PALM BEACH FL 33401-1321	% GROVER C. HERRING 515 N. FLAGLER DR. STE 601 W. PALM BEACH FL 33401-4323

3. Date Incorporated or Qualified: 09/21/1989	3a. Date of Last Report: 06/04/1996
4. FEI Number: 65-0148059	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 3214 32 ct	26 3214 32 ct
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 JUPITER Fl.	City & State 28 JUPITER Fl
Zip 24 33477 Country 25 U.S.A.	Zip 29 33477 Country 30 U.S.A.

9. Name and Address of Current Registered Agent

HERRING, GROVER C. ESQUIRE
515 N. FLAGLER DR. STE 601
W. PALM BEACH FL 33401-4321

10. Name and Address of New Registered Agent

81 Name: GRANT, CAROLE LYNN
82 Street Address (P.O. Box Number is Not Acceptable): 3214 32nd COURT
83
84 City: JUPITER FL 85 Zip Code: 33477

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 Carole Lynn Grant
Signature, typed 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	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GRANT, CAROLE LYNN		1.2 NAME	
STREET ADDRESS	3214 32 CT.		1.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33477		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
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 Carole Lynn Grant [illegible]