

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 # 530766 (5)

1. Corporation Name

QUEST ASSOCIATES, INC.



Principal Place of Business

8735 N. VIRGINIA AVE.
PALM BCH GRDNS. FL 33418

Mailing Address

8735 N. VIRGINIA AVE.
PALM BCH GRDNS. FL 33418

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

PORTEN, JOSEPH W
8735 N. VIRGINIA AVENUE
PALM BCH GRDNS. FL 33418

3. Date Incorporated or Qualified

04/04/1977

3a. Date of Last Report

04/27/1995

4. FEI Number

59-1925566

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE
PDS
PORTEN, JOSEPH W
STREET ADDRESS 8735 N. VIRGINIA AVENUE
CITY - ST - ZIP PALM BCH GRDNS. FL

TITLE NAME ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

407-626-0012

CR2E034 (12/95)