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.

Principa! Place of Business

Mailing Address

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

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



								;	 Date Incorporated or Qualified 04/04/1977 				3a. Date of Last Report 04/27/1995							
—	Principal Place of Business					2a. Mailing Address					- 1	4. FEI Number					Applied For			
21					26	26						59-1925566					Not Applicable			
Suite, Apt. #, etc.						Suite, Apt. #, etc.											S		Add	<u> </u>
22					27						1	a. Certif	icate of S	status De	sired		•		Requi	
City & State						City & State						6. Electi	on Camp	algn Fina	ncing		9	\$5 C	0 ма	v Ro
23					28							Trust Fund Contribution Added to								
<u> </u>	Zip	Country Zip						Country				8. This corporation has liability for intangible tax under s 199.032,								
24 25 29												Florida Statutes								
Name and Address of Current Registered Agent										10. Name and Address of New Registered A							Agei	nt		
									81 Name											
PORTEN, JOSEPH W									82 Street Address (P.O. Box					r is Not A	coentab	<u> </u>				
8735 N. VIRGINIA AVENUE										01.001710		(10 140()	сосріас	лој				
PALM BCH GRDNS. FL 33418										83										
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Ĺ										City						FL	85		p Code	
11.	Pursuant to	the provision	ons of	Sections 607,050 n the State of Flor	2 and 60	7.1508, Florida S	statutes, t	he above-	-na	amed corp	poration	submits	this state	ement for	the pur		angin	n its i	enistei	red office
	familiar with	h, and accep	ot the	n the State of Flor obligations of Sec	ida. Such tion 607.	i change was aut 0505. Florida Sta	thorized b stutes	y the corp	poi	ration's bo	oard of	directors	s. I hereby	accept	the appo	pintment as	regis	terec	agent	. Lam
	NATURE			•																
		Signature, typed o	or printed	name of registered agen	it and title if a	ipplicable	(NOTE: FI	egistered Age	ont a	signature requi	uired when	reinstating				DATE				
12.				OFFICERS AN	ID DIREC	TORS		13.						IANGES	TO OFFI	CERS AND	DIBI	-CTC	RS IN	12
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		certify that the	he info	mation subplied u	uith thin f	lina ia valvatadi.	4	6.4 CITY S	1-2	<u>/IP</u>										

• FOUR HOPEDY CERTIFY THAT THE Information subplied with this filing is voluntarily 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 his 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 of the repriver 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 I changed, or on/an attachment with an address.

SIGNATURE:

HATTHE AND TYPED OF FINITED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96 407-626-0012 Date Doctore Proces CR2E034 (12/95)