FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000005568 (9)

1. Corporation Name

VERTIQUEST TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
PO BOX 678374 ORLANDO FL 32867	PO BOX 678374 ORLANDO FL 32867-8374

3. Date Incorporated or Qualified	3a. Date of Last Report
11/14/1995	**05/01/1996**

4. FEI Number	Applied For
59-3297143	Not Applicable

2. Principal Place of Business	2a. Mailing Address	
21	26	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	**5.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23	City & State 28	**6.** Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	**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
MCKAY, RON **9552 LAKE DOUGLAS PL** **ORLANDO FL 32817**	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		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCKAY, RONALD W		1.2 NAME		
STREET ADDRESS	9552 LAKE DOUGLAS PL		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32817		1.4 CITY-ST-ZIP		
TITLE	DCV	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KREITMAN, ALVIN J		2.2 NAME		
STREET ADDRESS	1920 WINDSOR OAK DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32703		2.4 CITY-ST-ZIP		
TITLE	DS	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, JEFFERY		3.2 NAME		
STREET ADDRESS	720 LONDON RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32792		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		

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: _SIGNATURE REQUIRED_   4/21/97   (407) 678 0369

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (9/96)