

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 # **F95000005854 (3)**

1. Corporation Name

QUEST FUTURES GROUP, INC.



Principal Place of Business

**3377 HABERSHAM RD NW
ATLANTA GA 30305**

Mailing Address

**3377 HABERSHAM RD NW
ATLANTA GA 30305**

3. Date Incorporated or Qualified

11/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

48-1054215

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.
1406 HAYS ST #2
TALLAHASSEE FL 32301**

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 then sign

Signature typed or printed name of new registered agent and then sign

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	WEISS, STEVEN L	
STREET ADDRESS	3377 HABERSHAM RD NW	
CITY-ST-ZIP	ATLANTA GA 30305	
TITLE	DCV	<input type="checkbox"/> DELETE
NAME	LINSKY, BARRY R	
STREET ADDRESS	1271 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VOLPE, THOMAS J	
STREET ADDRESS	1271 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CAMERA, NICHOLAS J	
STREET ADDRESS	1271 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FORSTER, ALAN M	
STREET ADDRESS	1271 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	MASON, ARTHUR M.
63 STREET ADDRESS	1271 Ave of the Americas
64 CITY-ST-ZIP	New York, N.Y. 10020

14. I do hereby certify that the information supplied 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 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: Arthur Mason VICE PRESIDENT - TAXES 6/14/96 (212) 399-8103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)