

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000005212 (3)

1. Corporation Name  
WELLQUEST, INC.

Principal Place of Business  
635 MADISON AVE. SUITE 400  
NEW YORK NY 10022

Mailing Address  
635 MADISON AVE. SUITE 400  
NEW YORK NY 10022



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/08/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-3833143	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

TUMMARELLO, PHILIP  
4568 EDENWOODS CIRCLE  
ORLANDO FL 32810

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

4/21/98  
DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DVCO	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	VITULI, SHIRLEY		1.2 NAME				
STREET ADDRESS	888 JAMES ST		1.3 STREET ADDRESS				
CITY-ST-ZIP	SYRACUSE NY		1.4 CITY-ST-ZIP				
TITLE	DP	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	TUMMARELLO, PHILIP		2.2 NAME				
STREET ADDRESS	35 HYDE RD		2.3 STREET ADDRESS	529 WATCHUNG AVENUE			
CITY-ST-ZIP	BLOOMFIELD NJ		2.4 CITY-ST-ZIP	Bloomfield, NJ 07005			
TITLE	COVS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	VITULI, JEFFREY		3.2 NAME				
STREET ADDRESS	9 FERNDAL RD		3.3 STREET ADDRESS				
CITY-ST-ZIP	NEW CITY NY		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I 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

*Shirley Vituli*

4/14/98

212 431-2111

CR2E034 (10/97)