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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F98000004444

MARQUEST FINANCIAL INC.

Principal	Place	of	Business

Mailing Address

6100 GREEN VALLEY DRIVE #170 **BLOOMINGTON MN 55438**

6100 GREEN VALLEY DRIVE #170 **BLOOMINGTON MN 55438**

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90137 018 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

					08/05/1998			
2. Principal Pl	ace of Business	ss 2a. Mailing Address			4 FFI Number	Applied For		
24		26			41 1792900 41-1787147	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			LE Continue of Status Desired	75 Additional		
22		27			5. Certificate of Status Desired Fee	e Required		
City & State	•	City & State			6. Election Campaign Financing \$5.	00 May Be		
23		28			Trust Fund Contribution Add	ded to Fees		
Zip	Country	Zip	Zip Country		8. This corporation owes the current year Intangible			
24	25	29	30		Personal Property Tax.	No		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent			
DUNLAP, ELIZABETH A				81 Name 82 Street Address (P.O. Box Number is Not Acceptable)				
15302 HIDDEN ARBOR COURT			or officers and of					
ODE	SSA FL 33556			83	·	}		
				84 City	85	Zip Code		
				84 City	FL °° `	Zip Code		
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such chan	ide was authoriz	ed by the col	ed corporation submits this statement for the purpose of changing reporation's board of directors. I hereby accept the appointment a	g its registered is registered		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable	(NOTE: Register	red Agent signatur	re required when reinstating) DATE	—— <u>"</u>		
12.	OFFICERS AND		13		ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12		
TITLE	P		ELETE 1.1	TITLE	President Michael			
NAME	GRACE, EDWARD M	•	1,2	NAME	Graca, Edward M. 8208 Norman Creek Train	, 3		
STREET ADDRESS	2808 NORMAN CREEK TRAIL		13	STREET ADDRES	8208 Norman Creek Trai	1 482E034		
	BLOOMINGTON MN 55438			CITY-ST-ZIP	Bloomington, MN 55437	<i>រ</i> នី		
CITY-ST-ZIP	DECOMMINATION WITH 35400			TITLE	Chal			
				NAME				
NAME				STREET ADDRES	22			
STREET ADDRESS				CITY-ST-ZIP	~			
CITY-ST-ZIP				TITLE	Chal	nge Addition		
TITLE		0.						
NAME				NAME				
STREET ADDRESS				STREET ADDRES	55			
CITY-ST-ZIP				. CITY-ST-ZIP	☐ Cha	inge Addition		
TITLE				TITLE				
NAME	,			2 NAME		1		
STREET ADDRESS				STREET ADDRES	SS			
CITY-ST-ZIP				CITY-ST-ZIP	☐ Cha	inge Addition		
TITLE			1	TITLE	Li Gila	ilde 🖂 Madidoli		
NAME				NAME				
STREET ADDRESS				STREET ADDRES	SS !			
CITY-ST-ZIP				CITY-ST-ZIP		A defining		
TITLE			,	TITLE	Cha	ange Addition		
NAME				NAME				
STREET ADDRESS	• 5		6.3	STREET ADDRES	ss	ļ		
CITY ST 7ID	سود کی اندری کا رس		8.4	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, with all other like empowered.

SIGNATURE: