

AND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



FILED
Jul 09, 1999 8:00 am
Secretary of State
07-09-1999 90012 027 ***550.00

DOCUMENT # K96479
Corporation Name
QUIVEST ASSOCIATES, INC.



Principal Place of Business
MICHAEL A. RUBIN, ESQ.
DIXIE HWY #4B
CORAL GABLES FL 33146
Mailing Address
MICHAEL A. RUBIN, ESQ.
420 S DIXIE HWY #4B
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/19/1989	
4. FEI Number 65-0138365	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business 810 SW 80 Street	2a. Mailing Address 810 SW 80 Street
City & State Ocala, FL	28. Ocala, FL
Zip 34476	Country USA
25. USA	29. 34476
30. USA	

9. Name and Address of Current Registered Agent
RUBIN, MICHAEL A.
420 S DIXIE HWY
SUITE 4B
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent	
81. Name Charlotte Chambliss	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. 810 SW 80 Street	
84. City Ocala	85. Zip Code FL 34476

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 Charlotte Chambliss Charlotte Chambliss 7-7-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
DPST SARANDES, ANTHONY 810 SW 80ST OCALA FL	<input type="checkbox"/> DELETE	1.1 TITLE Asst. Secretary/Vice Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		1.2 NAME Charlotte Chambliss	
		1.3 STREET ADDRESS 810 SW 80 Street	
		1.4 CITY-ST-ZIP Ocala, FL 34476	
	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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: ANTHONY SARANDES 7/7/99
Signature, typed or printed name of signing officer or director

CR2E034 (5/99)