

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L03740 (2)  
1. Corporation Name  
QUEST COMMUNICATIONS MANAGEMENT, INC.

FILED  
97 JUL 28 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
242 FALCON DRIVE  
FOREST PARK GA 30050-1802  
US

Mailing Address  
242 FALCON DRIVE  
FOREST PARK GA 30050-1802  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 30297 Country

24 DEWITT, RICHARD J  
1113 CASTLE AVE.  
CORAL GABLES FL 33134

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

3. Date Incorporated or Qualified  
07/18/1989

3a. Date of Last Report  
05/01/1996

4. FEI Number

65-0244404

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DP  
DEWITT, RICHARD J.  
242 FALCON DRIVE  
FOREST PARK GA 30050-1802

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ST  
LOWTHERS, JR. B  
242 FALCON DRIVE  
FOREST PARK GA 30050-1802

TITLE NAME STREET ADDRESS CITY-ST-ZIP

AS  
CONKLE, DONALD H., JR.  
242 FALCON DRIVE  
FOREST PARK GA 30050-1802

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

500002249235-4  
-07/28/97--01086--008  
\*\*\*\*\*550.00 \*\*\*\*\*550.00

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

500002249235-4  
-07/28/97--01086--009  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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

CP2E034 (4/97)