## 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** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** FILED Secretary of State 1997 **DIVISION OF CORPORATIONS** JUL 28 PM 1:00 DOCUMENT # L03743 (6)SECRETARY OF STATE QUEST GROUP INTERNATIONAL, INC. FLORIDA Principal Place of Business Mailing Address 242 FALCON DR 242 FALCON DR FOREST PARK GA 30050-1602 DO NOT WRITE IN THIS SPACE 3a. Date of Last Report Date Incorporated or Qualified. 07/18/1989 05/01/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 65-0145794 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 Yes Yes 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DEWITT, RICHARD J 1113 CASTILE AVE. Street Address (P.O. Box Number is Not Acceptable) 82 CORAL GABLES FL 33134 83 84 City 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 title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition DEWITT, RICHARD J. NAME 1.2 NAME 100002249261--4 242 FALCON DR STREET ADDRESS -07/28/97--01086--012 1.3 STREET ADDRESS FOREST PARK GA 30050-1602 CITY-ST-ZIP 1.4 CITY - ST- ZIP \*\*\*\*550<u>.00</u> ###550\_00 Change Addition TITLE DELETE 2.1 TITLE LOWTHERS, JR. B NAME 2.2 NAME 100002249261--4 242 FALCON DR STREET ADDRESS -07/28/97--01086--013 2.3 STREET ADDRESS **FOREST PARK GA 30050-1602** CITY-ST-ZIP 2.4 CITY-ST-ZIP <u>\*\*\*\*\*8.75</u> \*\*\*\*\*\*3.75 TITLE **X** DELETE 3.1 TITLE Change Addition CONKLE, DONALD H., JR. NAME 32 NAME 242 FALCON DR STREET ADDRESS 3.3 STREET ADDRESS **FOREST PARK GA 30050-1602** 

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.

3.4. CITY - ST - 7/P

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST- ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

☐ DELETE

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

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Change

Change

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Addition