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Jun 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L17995 (6)

1. Corporation Name
MIND QUEST, INC.

Principal Place of Business
% GROVER C. HERRING
515 N. FLAGLER DR. STE 601
W. PALM BEACH FL 33401-1321

Mailing Address
% GROVER C. HERRING
515 N. FLAGLER DR. STE 601
W. PALM BEACH FL 33401-4323



2. Principal Place of Business
21 3214 32nd St
Suite, Apt. #, etc.
22
City & State
23 JUPITER FL
Zip Country
24 33477 25 U.S.A.
26 3214 32nd St
Suite, Apt. #, etc.
27
City & State
28 JUPITER FL
Zip Country
29 33477 30 U.S.A.

3. Date Incorporated or Qualified 09/21/1989
3a. Date of Last Report 06/04/1996
4. FEI Number 65-0148059
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
HERRING, GROVER C. ESQUIRE
515 N. FLAGLER DR. STE 601
W. PALM BEACH FL 33401-4321

10. Name and Address of New Registered Agent
81 Name GRANT, CAROLE LYNN
82 Street Address (P.O. Box Number is Not Acceptable) 3214 32nd COURT
83
84 City JUPITER FL 85 Zip Code 33477

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 Carole Lynn Grant

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 DP
NAME GRANT, CAROLE LYNN
STREET ADDRESS 3214 32 CT.
CITY-ST-ZIP JUPITER FL 33477
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
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NAME
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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
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
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 Carole Lynn Grant

11/21/97 11 342-1102

CR2E034 (9/96)