SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 AM 10:28

DOCUMENT # N30169 (9)

1. Corporation Name
QUEST THEATRE & INSTITUTE, INC.

Principal Place of Business	Mailing Address
444 24TH STREET W PALM BEACH FL 33407	444 24TH STREET W PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/12/1989
3a. Date of Last Report: 10/05/1994
4. FEI Number: 65-0095488 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WALDRON, BHETTY J.
1432 6TH ST
W PALM BEACH FL 33401

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
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	
TITLE		11 TITLE	T/D ☐ Change ☐ Addition
NAME	~~BRANCH, LYNN~~	12 NAME	Melissa Tyson
STREET ADDRESS	~~417 25TH STREET~~	13 STREET ADDRESS	542 22 Street
CITY-ST-ZIP	~~WEST PALM BEACH FL~~	14 CITY-ST-ZIP	West Palm Beach, Fl
TITLE		21 TITLE	S/D ☐ Change ☐ Addition
NAME	FALANA, CHARLES A.	22 NAME	Patricia Holmes
STREET ADDRESS	3100 AVE J #11	23 STREET ADDRESS	3726 Savoy Ln D-2
CITY-ST-ZIP	RIVIERA BEACH FL	24 CITY-ST-ZIP	West Palm Beach, FL
TITLE	C/D	31 TITLE	VC/D ☐ Change ☐ Addition
NAME	NEALY, JOHN	32 NAME	J.B. Woodside
STREET ADDRESS	1560 6TH STREET	33 STREET ADDRESS	2641 W 28th Street
CITY-ST-ZIP	W PALM BEACH FL	34 CITY-ST-ZIP	Riviera Beach, FL
TITLE		41 TITLE	☐ Change ☐ Addition
NAME	~~BREMAN, ARNOLD~~	42 NAME	Frank H. Fabor Jr.
STREET ADDRESS	~~160 ELWA PLACE~~	43 STREET ADDRESS	4108 Heath Circle South
CITY-ST-ZIP	~~WEST PALM BEACH FL~~	44 CITY-ST-ZIP	West Palm Beach, FL
TITLE		51 TITLE	☐ Change ☐ Addition
NAME	~~DEPREZ, CLAUDIA~~	52 NAME	Margot Emery
STREET ADDRESS	~~8211 LIDDY AVENUE~~	53 STREET ADDRESS	1323 N. Lakeside Dr.
CITY-ST-ZIP	~~WEST PALM BEACH FL~~	54 CITY-ST-ZIP	Lake Worth, FL
TITLE		61 TITLE	☐ Change ☐ Addition
NAME	FALANA, YEVOLA	62 NAME	Beatrice Waldron
STREET ADDRESS	3100 AVENUE J, #11	63 STREET ADDRESS	1432 6th Street
CITY-ST-ZIP	RIVIERA BEACH FL	64 CITY-ST-ZIP	West Palm Beach, FL

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Mealy 5/5/95 407-746-7877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010660