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FILED

Apr 22 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 # P04743 (1)

1. Corporation Name
HEALTH QUEST MARKETING CORPORATION



Principal Place of Business

315 WEST JEFFERSON BLVD.
SOUTH BEND IN 46801-1586

Mailing Address

315 WEST JEFFERSON BLVD.
SOUTH BEND IN 46801-1512

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

01/23/1985

3a. Date of Last Report

05/29/1996

4. FEI Number

35-1592552

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

KELLY, THOMAS
7979 TAMiami TRAIL
SARASOTA FL 33581

10. Name and Address of New Registered Agent

81 Name

Donna Vliet

82 Street Address (P.O. Box Number is Not Acceptable)

7979 Tamiami Trail

83

84 City

Sarasota

FL

85 Zip Code

34231

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: Donna Vliet, Administrator

Signature type for printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-97

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME GARATONI, LAWRENCE H.
STREET ADDRESS 753 RIVER POINTE PLACE
CITY- ST- ZIP MISHAWAKA IN

TITLE VD ☒ DELETE
NAME GARATONI, FRED
STREET ADDRESS 1502 SOUTH SPRING
CITY- ST- ZIP MISHAWAKA IN

TITLE SD ☐ DELETE
NAME LOESER, CHARLES
STREET ADDRESS 315 W JEFFERSON BLVD
CITY- ST- ZIP SOUTH BEND IN

TITLE TD ☐ DELETE
NAME HUNT, MARY M.
STREET ADDRESS 315 W. JEFFERSON BLVD.
CITY- ST- ZIP SOUTH BEND IN

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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: Charles M. Loeser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

219-236-4000

Daytime Phone #

CR2E034 (9/96)