

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Sep 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000021037 (5)**

1. Corporation Name

MARAQUEST, INC.



Principal Place of Business 1455 W BUSCH BLVD P.O. BOX 280340 TAMPA FL 33637 US	Mailing Address 1455 W BUSCH BLVD P.O. BOX 280340 TAMPA FL 33682-0340 US
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2. Principal Place of Business 21 1051 Madison Avenue Suite, Apt. #, etc. 22 City & State 23 Mankato, MN Zip 24 56002	2a. Mailing Address 26 P.O. Box 4009 Suite, Apt. #, etc. 27 City & State 28 Mankato, MN Zip 29 56002
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3. Date Incorporated or Qualified 03/22/1993	3a. Date of Last Report 03/20/1996
4. FEI Number 59-3179670	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DANIEL KARVONEN R 1455 W BUSCH BLVD P.O. BOX 280340 TAMPA FL 33682	
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10. Name and Address of New Registered Agent 81 Name Daniel S. Karvonen 82 Street Address (P.O. Box Number is Not Acceptable) 16019 Saddlebrook Drive 83 84 City Tampa FL 85 Zip Code 33618	
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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 *Daniel S. Karvonen, Chairman* **9/16/97**
Signature, typed, printed name of Registered Agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	KARVONEN, DANIEL S
STREET ADDRESS	1455 W BUSCH BKVD
CITY-ST-ZIP	TAMPA FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DEAN, MOON E
STREET ADDRESS	3987 PACES FERRY DR
CITY-ST-ZIP	ATLANTA GA 30339
TITLE	P <input type="checkbox"/> DELETE
NAME	CAFLISCH, CLARK G
STREET ADDRESS	4756 ISLAND VIEW DR.
CITY-ST-ZIP	OSHKOSH WI 54901
TITLE	CFO <input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, DUANE E.
STREET ADDRESS	P.O. BOX 4009
CITY-ST-ZIP	MANKOTA MN
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D/CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Karvonen, Daniel S.
1.3 STREET ADDRESS	1051 Madison Avenue
1.4 CITY-ST-ZIP	Mankato, MN 56002
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Cafilisch, Clark G.
3.3 STREET ADDRESS	4756 Island View Dr.
3.4 CITY-ST-ZIP	Oshkosh, WI 54901
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 *Daniel S. Karvonen, Chairman* **9/16/97**

CR2E034 (9/96)