FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P93000039363 (5)

1. Corporation Name

QUEST FINANCIAL CORP.

Principal Place of Business	Mailing Address
601 VETERANS HIGHWAY HAUPPAUGE NY 11788	120 NW 12TH AVE. DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified: 06/03/1993
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21	26 601 Vetrans Hwy
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Hauppauge NY
Zip 24 / Country 25	Zip 29 11788 / Country 30 Suffolk

4. FEI Number: 11-3161951 ☐ 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

BURZOTTA, JAMES
120 N.W. 12TH AVE.
DEERFIELD BCH. FL 33442

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 601 Vetrans Hwy
83
84 City Hauppauge FL 85 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) DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	BURZOTTA, JAMES P		1.2 NAME		
STREET ADDRESS	601 VETERANS HWY		1.3 STREET ADDRESS		
CITY-ST-ZIP	HAUPPAUGE NY		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCCATHREN, RANDALL		2.2 NAME		
STREET ADDRESS	2000 RICHARD JONES RD, STE 170		2.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROSS, R. SCOTT		3.2 NAME		
STREET ADDRESS	601 VETERANS HWY		3.3 STREET ADDRESS		
CITY-ST-ZIP	HAUPPAUGE NY		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MAHONEY, GERARD		4.2 NAME		
STREET ADDRESS	601 VETERANS HWY		4.3 STREET ADDRESS		
CITY-ST-ZIP	HAUPPAUGE NY		4.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BURWELL, CLIFF		5.2 NAME		
STREET ADDRESS	601 VETERANS HWY		5.3 STREET ADDRESS		
CITY-ST-ZIP	HAUPPAUGE NY		5.4 CITY-ST-ZIP		
TITLE	AS	☒ DELETE	6.1 TITLE	Director	☐ Change ☒ Addition
NAME	WHELAN, JOHN		6.2 NAME	Ronald Loshin	
STREET ADDRESS	100 NW 12TH AVE		6.3 STREET ADDRESS	2950 Mercer St	
CITY-ST-ZIP	DEERFIELD BEACH FL		6.4 CITY-ST-ZIP	San Leandro, CA 94577	

CR2E034 (12/95)

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)(k), 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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-19-96 Daytime Phone #: 516-979-1000