

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

**FILED**  
**May 08 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 # P93000048230 (5)**

1. Corporation Name  
**ACQUIVEST CORPORATION**



Principal Place of Business Mailing Address

**1- SONIA QUINONES**  
 117 W. ALEXANDER, #309  
 PLANT CITY FL 33566

**1- SONIA QUINONES**  
 117 W. ALEXANDER, #309  
 PLANT CITY FL 33566-7155

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 117 W ALEXANDER ST		26 117 W ALEXANDER ST		07/09/1993	05/01/1996
22 Suite, Apt #, etc. Suite # 386		27 Suite, Apt #, etc. # 386		4. FEI Number	Applied For
23 PLANT CITY FL		28 PLANT CITY FL		59-3188765	Not Applicable
24 Zip 33566		29 Zip 33566		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
QUINONES, SONIA 117 W. ALEXANDER SUITE 309 PLANT CITY FL 33566				81 Name	KATHLEEN COMER
				82 Street Address (P.O. Box Number is Not Acceptable)	117 W ALEXANDER STREET
				83	# 386
				84 City	PLANT CITY FL
				85 Zip Code	33566

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 *Kathleen Comer, Secy.* *Kathleen Comer* DATE 4-30-97

Sign if typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINONES, SONIA	1.2 NAME	
STREET ADDRESS	9217 SHELLGROVE CT	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHLEEN COMER	2.2 NAME	KATHLEEN COMER
STREET ADDRESS	117 W ALEXANDER ST # 386	2.3 STREET ADDRESS	117 W ALEXANDER ST # 386
CITY - ST - ZIP		2.4 CITY - ST - ZIP	PLANT CITY, FL 33566
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Kathleen Comer, Secy.* *Kathleen Comer* DATE 4-30-97 DAYTIME PHONE # 813 759 0180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)