

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

FILED  
Feb 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P93000086989 (9)

1. Corporation Name

BLUE QUEST, INC.

Principal Place of Business

Mailing Address

142 N TWIN LAKES  
COCOA FL 32926

142 N TWIN LAKES  
COCOA FL 32926



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/01/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3215973	
24 Country		30 Country		5. Certificate of Status Desired	
				8. This corporation owes or has paid the current year's intangible Personal Property Tax due June 30.	

Applied For  
Not Applicable

\$8.75 Additional  
Fee Required

\$5.00 May Be  
Added to Fees

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MITCHELL, MARK  
142 N TWIN LAKES  
COCOA FL 32926

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

FL

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	CDTS	1.1 TITLE	D
NAME	MITCHELL, SHARON E	1.2 NAME	MITCHELL, SHARON R.
STREET ADDRESS	142 N TWIN LAKES	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32926	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	MITCHELL, MARK A	2.2 NAME	
STREET ADDRESS	142 N. TWIN LAKES	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32926	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

CR2E034 (10/97)