

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000054961 (5)**

1. Corporation Name

CULTUREQUEST, INC.

Principal Place of Business

**8157 STEEPLCHASE DRIVE
PALM BEACH GARDENS FL 33418**

Mailing Address

**8157 STEEPLCHASE DRIVE
PALM BEACH GARDENS FL 33418**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/20/1994

3a. Date of Last Report

N/A

4. FEI Number

45-0511848

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**

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. #, etc.

22

State, Apt. #, etc.

27

City & State

23

City & State

28

Zip

Country

24

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MURPHY, TERENCE J
8157 STEEPLCHASE DRIVE
PALM BEACH GARDENS FL 33418**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 607.0502, Florida Statutes.

SIGNATURE

(Signature typed, printed name, telephone and e-mail addresses)

(Signature typed, printed name, telephone and e-mail addresses)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **MURPHY, TERENCE J**
STREET ADDRESS **8157 STEEPLCHASE DRIVE**
CITY, ST, ZIP **PALM BEACH GARDENS FL 33418**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

Change Addition

TITLE **D**
NAME **MURPHY, MARY P**
STREET ADDRESS **8157 STEEPLCHASE DRIVE**
CITY, ST, ZIP **PALM BEACH GARDENS FL 33418**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and clearly and correctly for the corporation stated in Sections 190.07(4)(b), Florida Statutes. I further certify that the information included on the annual report, a supplemental annual report or both, 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 issuer or holder responsible for filing this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this filing. I do hereby declare my affiliation with an address.

SIGNATURE:

(Handwritten Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Handwritten Signature)
MURPHY, MURPHY
D128022

(Handwritten Signature)
4/29/95 (407) 224-3234