


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

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Jan 25, 1999 8:00am  
Secretary of State

01-25-1999 90017 032 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P94000066332</b>					
1. Corporation Name <b>AEROQUEST, INC.</b>					
Principal Place of Business <b>9000 SEMINOLE BLVD. SEMINOLE FL 33772 US</b>			Mailing Address <b>9000 SEMINOLE BLVD. SEMINOLE FL 33772 US</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/06/1994</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-3268371</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip Country		29 Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>AHLQUIST, BRYAN 9000 SEMINOLE BLVD. SEMINOLE FL 33772</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstalling) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	<b>AHLQUIST, BRYAN</b>				
STREET ADDRESS	<b>9000 SEMINOLE BLVD.</b>				
CITY-ST-ZIP	<b>SEMINOLE FL</b>				
TITLE	DVP	<input type="checkbox"/> DELETE			
NAME	<b>WITT, WAYNE</b>				
STREET ADDRESS	<b>9000 SEMINOLE BLVD</b>				
CITY-ST-ZIP	<b>SEMINOLE FL</b>				
TITLE	DT	<input type="checkbox"/> DELETE			
NAME	<b>HEMBREE, GREG</b>				
STREET ADDRESS	<b>9000 SEMINOLE BLVD</b>				
CITY-ST-ZIP	<b>SEMINOLE FL</b>				
TITLE	DAVP	<input type="checkbox"/> DELETE			
NAME	<b>EVANS, TOM</b>				
STREET ADDRESS	<b>9000 SEMINOLE BLVD</b>				
CITY-ST-ZIP	<b>SEMINOLE FL</b>				
TITLE	DAVP	<input type="checkbox"/> DELETE			
NAME	<b>RIDGEWAY, BRINTON</b>				
STREET ADDRESS	<b>9000 SEMINOLE BLVD</b>				
CITY-ST-ZIP	<b>SEMINOL FL</b>				
TITLE	DS	<input type="checkbox"/> DELETE			
NAME	<b>SCHILL, ART</b>				
STREET ADDRESS	<b>9000 SEMINOLE BLVD</b>				
CITY-ST-ZIP	<b>SEMINOLE FL</b>				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)