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

PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

May 09 1997 8:00am

Secretary of State

Zip Code

Applied For Not Applicable

DOCUMENT # P95000012789 (0)

QUESTA INCORPORATED

GRAS, JUDITH A

14480 - 62ND ST., NORTH

CLEARWATER FL 34620

	Principal Place of Business	Mailing Address	T TOURIDUS FILE SOLER CELES COUNTY COURS SOUTH COURS SENIO FIELD FIELD FIELD FOR STATE AND IT AND IT		
	14480 62ND ST. NORTH CLEARWATER FL 34820	14480 62ND ST. NORTH CLEARWATER FL 34620-2721			
*			3. Date Incorporated or Qualified 3a. Date of Last Report 02/14/1995 04/30/1996		
:	2. Principal Place of Business	2a. Mailing Address	4. FEI Number Applied For		
	21	26	58-2157370 Not Applical		
	Sulte, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired		
	City & State	City & State	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
ŧ	Zip Country 24 25	Zip Country 29 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes X Yes No		
	9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		

81

82

83 84 Name

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

agent. I a	egistered agent, or both, in the State of Florida Such of im familiar with, and accept the obligations of, Section 6	07.0505, Floria	la Statutes.			-
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: FI	egisjored Agent signature re	equired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	RS IN 12
TITLE		DELETE	NA TITLE		☐ Change	Addition
NAME	THOMAS, FRED A		1.2 NAME			
STREET ADDRESS	14480 62ND ST. NORTH		1.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-S1-ZIP			
TITLE	PT	DELFTE	2.1 TiTLE		Change	Addition
NAME	EISCH, JAMES P		2.2 NAME			
STREET ADDRESS	14480 62ND ST N		2.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL		2. 4 CiTY - ST - ZIP			
TITLE	VP _	DELETE	3.1 TITLE		Change	Addition
NAME	THOMAS, JOHN C		3.2 NAME			
STREET ADDRESS	14480 62ND ST N		3.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL		3.4. CITY - ST - ZIP			
TITLE	\$	DELETE	4.1 TITLE		Change	Addition
NAME	GRAS, JUDITH A		4. 2 NAME			
STREET ADDRESS	14480 62ND ST N		4.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP			
TITLE		DELETE	51 10LE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 City-St-ZiP			
TITLE	L	DELETE	6 1 TITLE		Change	Addition
NAME			6,2 NAME		,	
STREET ADDRESS			6.3 STREET ADDRESS			

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.