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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000044720 (7)

**VOICE QUEST, INC.** 

Principal Place of	Business
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6624 GATEWAY AVE SARASOTA FL 34231 Mailing Address

6624 GATEWAY AVE SARASOTA FL 34231-5806

## **FILED** Apr 15 1997 8:00am Secretary of State



				3. Date Incorporated or Qualified	3a, Date of Last Report
				06/09/1995	08/23/1996
2. Principal P	lace of Business	2a. Mailing Address	MINNI MONTE	4, FEI Number	Applied For
<sub>21</sub> 6360	SO. TAMIAMI TRAIL	[20]	MIAMI TRAIL	65-0586920	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State SARASOTA, F	`L	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for it	
24 34231		<u></u>	0		Yes No
<del></del> -	9. Name and Address of Current			10. Name and Address of New Reg	pistered Agent
LEWIS, KURT F 81 Name					
AAA AKTIMA AKT			ress (P.O. Box Number is Not Acceptable)		
	SARASOTA FL 34231			ess (F.O. box Number is Not Acceptab	ie)
Oniv	OOIN I E OTEO		83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named corp	oration submits this statement for the p	urpose of changing its registered
office or r agent. I a	egistered agent, or both, in the State of im familiar with, and accept the obligati	f Florida. Such change was au ons of, Section 607.0505, Flori	thorized by the corporati da Statutes.	oration submits this statement for the p ion's board of directors. I hereby accep	at the appointment as registered
SIGNATURE	Signarine typed or ported name of registered agent	and title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	CEOP	☐ DELETE	1,1 TITLE		Change Addition
NAME	Ortner, Mark S		1.2 NAME		
STREET ADDRESS	6515 COLONIAL DR		1.3 STREET ADDRESS		
CITY - ST - ZIP	SARASOTA FL 34231		1.4 CITY - ST - ZIP		
THTLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		İ
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CiTY+ST-ZiP		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
City+S1-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIF	İ		4.4 CITY - ST - ZIP		
TIFLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHTY-ST-70			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAMÉ		
STREET ADDRESS			6.3 STREET ADDRESS		
City-S1-Zin			6.4 CITY-ST-ZIP		
	L. by cortify that the information supplied.	with this filing does not qualify		in Section 119.07(3)(i), Florida Statute	s. 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 phanned, out in attachment with an address.

MARK S. ORTNER PRUSIDENTX