Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90110 010 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000044720

1. Corporation Name

VOICE QUEST, INC.

Principal Place	e of Business	Mailing Address				. 14411441 114 15141 51111 44111 44111 4			
2477 STICKNEY	Y PT RD	2477 STICKNEY PT RD							
SUITE 123B		SUITE 123B				DO NOT WRITE IN THIS SPACE			
SARASOTA FL US	34231	SARASOTA FL 34231 US			}	3. Date Incorporated or Qualifed			$\overline{}$
US		00			ļ	06/09/1995			į
2 Principal P	Place of Business	2a, Mailing Address	_			4. FEI Number		Apr	olied For
21	lado di Basilisso	26				65-0586920		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_					\$8.75 A	dditional
22	•	27				5. Certificate of Status Desired	<u> </u>	Fee Rec	quired
City & Stat	te	City & State				6. Election Campaign Financing		\$5.00	
23	<u> </u>	28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Coun	try	l	8. This corporation owes the current			
24	25	29 3	0			Personal Property Tax.			□No
	9. Name and Address of Current	t Registered Agent	,	B1 Name		10. Name and Address of New Reg	iisterea Aç	jerit	
1 (5) (4)	/IS, KURT F		'	B1 Name	·				
		Ī	32 Street	Addres	s (P.O. Box Number is Not Acceptable				
	4 gateway ave Vasota FL 34231		-	33					
OAN	A301A1E 34231			23					
	•		Ţ	34 City			FL	85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes								anging its	rogistored
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: R	legistered A		required w	hen reinstating)	DATE	DIDECTO	
12.		ID DIRECTORS	13.		т —	ADDITIONS/CHANGES TO OFFIC		Change	Addition
TITLE .	CEOP	☐ DELETE	1.1 TITL						
NAME	ORTNER, MARK S	•	1.2 NAM		1				
STREET ADORESS	1 44 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1.3 STR	EET ADORESS		•			
CITY-ST-ZIP	SARASOTA FL 34231				5	•			
TITLE		□ DELETE	1,4 CITY	/-ST-ZIP	-			Change	☐ Addition
NAME		☐ DELETE	1,4 CIT) 2,1 TITL	/-ST-ZIP E				Change	☐ Addition
STREET ADDRESS		☐ DELETE	1,4 CITY 2,1 TITL 2,2 NAA	/-ST-ZIP E AE		,		Change	☐ Addition
CITY-ST-ZIP,		DELETE	1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR	/-ST-ZIP E ME EET AODRESS				Change	☐ Addition
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STREET ADDRESS		و مسال د منه مسال	1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR	(-ST-ZIP E AE BEET ADDRESS Y-ST-ZIP E AE			ξ···		
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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, with all other like empowered.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

STREET ADDRESS

REMARKS DORTHER

(941) 925-0731