SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # P95000048635 (3) INTERNET QUEST, INC. Principal Place of Business Mailing Address 250 SARASOTA QUAY 250 SARASOTA QUAY SARASOTA FL 34236 SARASOTA FL 34236 3a. Date of Last Report 3. Date incorporated or Qualified 06/19/1995 Applied For Mailing Address 2. Principal Place of Business 65-0588586 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt #, etc Fee Required 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 23 This corporation has tiability for intangible tax under s. 199 032 Country Country Ζιρ Yes 🔀 No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name REHMANI, QAMAR J Street Address (P.O. Box Number is Not Acceptable) 82 250 SARASOTA QUAY SARASOTA FL 34236 83 Zip Code 85 84 City 11. Pursuant to the provisions of Soctions 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent's gnature required when remaining) Signature, type if or printed came of regimens tagent and their applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) OFFICERS AND DIRECTORS 13. 12 Change Addition DELETE 1 1 TITLE THILE CR2E034 1.2 NAME REHMANI, QAMAR J NAME 1 3 STREET ADORESS 4061 CROCKERS LAKE BLVD APT 2618 STREET ADDRESS 1.4 CITY - ST - ZIP SARASOTA FL 34238 Change Addition CHY-ST-ZIP DELETE 2.1 HILE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CiTY - ST-ZIP CITY - ST - ZIP Change Addition DELETE 3.1 THLE TITLE 3.2 NAME NAMS 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 5 1 HILE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHY - \$1 - ZIP CITY - ST - ZIF Change Addition DELETE 6 1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS

6 4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

GAMAR J. REHNANI 6/28/96
OF SIGNING OFFICER OF DIRECTOR

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 617, Florida Statutes, and that my name appears in Block 12 or Flood at changed, or on an attachment with an address