


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000058219 (3)**

1. Corporation Name

SUNQUEST PARTNERS INCORPORATED

Principal Place of Business

**6980 TOMLINSON LANE
BROOKSVILLE FL 34602**

Mailing Address

**PO BOX 677069
ORLANDO FL 32867**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/26/1995		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 <i>6980 Tomlinson Lane</i>		4. FEI Number 59-3331968		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 <i>Brooksville, FL</i>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 <i>34602</i>		30 <i>Hernando</i>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JAY, STEPHEN H III 6980 TOMLINSON LANE BROOKSVILLE FL 34602				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	CISNEROS, JEFFREY W.	1.2 NAME	Osterhout, Richard
STREET ADDRESS	8601 LSU LANE	1.3 STREET ADDRESS	8601 LSU Lane
CITY-ST-ZIP	ORLANDO FL 32817	1.4 CITY-ST-ZIP	Orlando, FL 32817
TITLE	V	2.1 TITLE	
NAME	FARNSWORTH, ROBERT K.	2.2 NAME	
STREET ADDRESS	419 ELKWOOD CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32825	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	P
NAME	FARNSWORTH, SUSAN	3.2 NAME	Paris, Mike
STREET ADDRESS	419 ELKWOOD CT.	3.3 STREET ADDRESS	1706 Riveredge Rd
CITY-ST-ZIP	ORLANDO FL 32825	3.4 CITY-ST-ZIP	Orlando, FL 32766
TITLE	D	4.1 TITLE	
NAME	JAY, STEPHEN M. III	4.2 NAME	
STREET ADDRESS	6980 TOMLINSON LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34602	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	BUNKLEY, ROBERT A.	5.2 NAME	
STREET ADDRESS	3210 N. TROPICAL TR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	REED, THOMAS E.	6.2 NAME	
STREET ADDRESS	9930 RIVER PINES CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32825	6.4 CITY-ST-ZIP	

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.

SIGNATURE

[Signature] REQUIRED

8/18/97

852/734-3017

CR2E034 (4/97)