

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

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000022723 (6)

1. Corporation Name
QUEST COUNSELING CENTRE, INC.

Principal Place of Business 401 WHOOPING LOOP SUITE 1569 ALTAMONTE SPRINGS FL 32701	Mailing Address 401 WHOOPING LOOP SUITE 1569 ALTAMONTE SPRINGS FL 32701-3445
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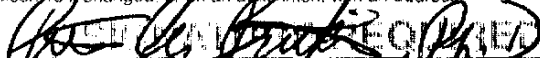
2. Principal Place of Business 21 401 Whooping Loop Suite, Apt. # etc. 22 Suite 1569 City & State 23 Altamonte Springs, Fl Zip Country 24 32701 25 Seminole		2a. Mailing Address 26 401 Whooping Loop Suite, Apt. #, etc. 27 Suite 1569 City & State 28 Altamonte Springs, Fl Zip Country 29 32701 30 Seminole		3. Date Incorporated or Qualified 03/13/1996	3a. Date of Last Report 3/96
		4. FEI Number 59-3372430		Applied For Not Applicable	
		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		☒ Yes ☐ No	
9. Name and Address of Current Registered Agent BUTKINS, PETER 401 WHOOPING LOOP SUITE 1569 ALTAMONTE SPRINGS FL 32701			10. Name and Address of New Registered Agent		
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Peter A. Butkins	1.2 NAME	
STREET ADDRESS	401 Whooping Loop, Suite 1569	1.3 STREET ADDRESS	
CITY-ST-ZIP	Altamonte Sprg. Fl. 32701	1.4 CITY-ST-ZIP	
TITLE	Vice Pres. ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Lui Delgado	2.2 NAME	
STREET ADDRESS	2020 Epic Ct.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Deltona, Fl 32738	2.4 CITY-ST-ZIP	
TITLE	Secretary ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Pam Ohab	3.2 NAME	
STREET ADDRESS	100 E. Sybelia Ave. Suite 130	3.3 STREET ADDRESS	
CITY-ST-ZIP	Maitland, Fl 32751	3.4 CITY-ST-ZIP	
TITLE	Treasurer ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Peter A. Butkins	4.2 NAME	
STREET ADDRESS	401 Whooping Loop, Suite 1569	4.3 STREET ADDRESS	
CITY-ST-ZIP	Altamonte springs, Fl. 32701	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  4-2-97 (407) 331-7199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)