PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90034 047 ***150.00

DOCUMENT # 1. Corporation Name	P96000025304
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VISION QUEST MEDIA, INC.

Principal Place of Business

Mailing Address



825 CANARY W DELRAY BCH F US		825 CANARY WALK DELRAY BCH FL 33483 US		DO NOT WRITE IN TH 3. Date Incorporated or Qualifed 03/21/1996	IS SPACE	
2. Principal P	lace of Business	2a. Mailing Address		4, FEI Number	Apr	olied For
21 2200	NW CORPORATE BLVD	26 2200 NW. CO!	PORATE BUILD	65-0652919	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A Fee Red	
City & State		City & State 28 BOOA RAT	on FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 I Added to	
Zip 24 334	Country	Zip 29 33431 3	Country	This corporation owes the current year Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent	
825	NSTON, ANTHONY CANARY WALK RAY BCH FL 33483		82 Street Addre		3 LVD	Code
office or n agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was autl	, the above-named corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its	registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Agent signature required	d when reinstating) DATE		
12.	OFFICERS AND	····	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	R\$ IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change	Addition
NAME	JOHNSTON, ANTHONY		1.2 NAME			
STREET ADDRESS	825 CANARY WALK		1.3 STREET ADDRESS			
!	DELRAY BCH FL 33483		1.4 CITY-ST-ZIP			
CITY-ST-ZIP	DELINIT BUTI PL 33403	☐ DELETE	2.1 TITLE		☐ Change	Addition
			2.2 NAME		_ ,	
NAME						i
STREET ADDRESS			2.3 STREET ADDRESS			1
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	<u>, 48.00</u>	☐ Change	☐ Addition
TITLE	-	☐ DELETE	3.1 TITLE			
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-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-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	61 TITLE		☐ Change	Addition
1	}		6.2 NAME		_ ,	_
NAME	[6.3 STREET ADDRESS			ļ
STREET ADDRESS	}					
am / at 20	1		64 CITY-ST-ZIP			I

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.

SIGNATURE: