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 # P9600039224

1. Corporation Name

QUESTCO LOUNGE, INC.

Pri	ncip	oal	Place	of	Business
381	w	PF	OSPE	СТ	ROAD

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90165 039 ***150.00



381 W. PROSPECT ROAD DAKLAND PARK FL 33334	3700 COCONUT: CREEK PKWY COCONUT CREEK FL 33066-1616 US	, s ¹ , , , , , , , , , , , , , , , , , , ,	DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualifed 05/07/1996			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
1	26		65-0669488	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State	=	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country		intry	This corporation owes the current year In Personal Property Tax.	ntangible		
9. Name and Address of	of Current Registered Agent		10. Name and Address of New Registered	d Agent		
BUTO, LAWRENCE J II		81 Name 82 Street Addre	iss (P.O. Box Number is Not Acceptable)			
381 W. PROSPECT ROAD						
OAKLAND PARK FL 33334		83				
		84 City		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 OFFIC							
TITLE	D DELETE	1.1 TITLE		☐ Change	☐ Addition					
NAME	BUTO, LAWRENCE J II	1.2 NAME								
STREET ADDRESS	8424 SHADOW COURT	1.3 STREET ADDRESS								
CITY-ST-ZIP	CORAL SPRINBS FL 33071	1.4 CITY-ST-ZIP								
TITLE	DELETE	2.1 TITLE		☐ Change	Addition					
NAME		2.2 NAME								
STREET ADDRESS		2.3 STREET ADDRESS			ĺ					
CITY-ST-ZIP		2.4 CITY-ST-ZIP								
TITLE	☐ DELETÉ	3.1 TITLE	•	Change	☐ Addition					
NAME		3.2 NAMÉ								
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								
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		11 12 Ab - 1 Ab - 1						

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 of 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, from an attachment with an address with all other like empowered.

SIGNATURE: