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

PROFIT CORPORATION ANNUAL REPORT

· 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000047851 (6)

SUN QUEST ENERGY, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

27

1609 CHERRYWOOD LANE LONGWOOD FL 32750

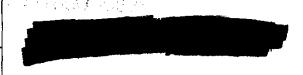
2, Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE: A

1609 CHERRYWOOD LANE LONGWOOD FL 32750

FILED Mar 02 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualified

06/05/1996

59-3383587

5. Certificate of Status Desired

DANA BCHOUNNERS 2/23/98

| City & State | | City & St | tate | · · · · · · · · · · · · · · · · · · · | | 6. Election Campaign Financing \$5.00 May Be | |
|---|---|-----------------------|-------------------|---------------------------------------|----------------|---|--|
| 23 | | 28 | 28 | | | Trust Fund Contribution | |
| Zip | Country | Zip | | Country | | 8. This corporation owes or has paid the current year Intangible | |
| 24 | 25 | 29 | 30 | | | Personal Property Tax due June 30. 🔀 Yes 🔲 No | |
| 9. Name and Address of Current Registered Agent | | | | | | 10. Name and Address of New Registered Agent | |
| AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 | | | | 81 | Name | to the second | |
| | | | | 82 | Street A | Address (P.O. Box Number is Not Acceptable) | |
| | | | | | 83 | | |
| | | | | 83 | | | |
| | | | | 84 | City | 85 Zip Code | |
| | | | | | L | FL FL FL FL FL FL FL FL | |
| 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 | | | | | | | |
| | | | | | | | |
| 12. | Signature, typed or printed name of registered age OFFICERS AN | | (NOTE: A | egistered Age | nt signature r | required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | D OFFICERS AN | | DELETE | 1.1 TITLE | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| NAME | ESHENROEDER, DANA | _ | J 00.2.10 | 1.2 NAME | Ì | . Claring | |
| STREET ADDRESS | 1609 CHERRYWOOD LANE | | | 1.3 STREET | AUUDESS | | |
| CITY-ST-ZIP | LONGWOOD FL 32750 | | • | 1.4 CITY-S | 1 | | |
| TITLE | ST | , [| DELETE | 2.1 TITLE | | Change Additio | |
| NAME | BERRIOS, JOSEPH | | _ | 2.2 NAME | ĺ | | |
| STREET ADDRESS | 1609 CHERRYWOOD LANE | | , | 2.3 STREET | ADDRESS | | |
| CITY-ST-ZIP | LONGWOOD FL 32750 | | | 2 4 CITY - 5 | ST-ZIP | | |
| TITLE | | | DELETE | 3.1 TITLE | | Change Additio | |
| NAME | | | | 3.2 NAME | ļ | | |
| STREET ADDRESS | | | | 3.3 STREET | ADDRESS | | |
| CITY-ST-ZIP | | | | 3.4. CITY-5 | ST-ZIP | | |
| TITLE | | | DELETE | 4.1 TITLE | | ☐ Change ☐ Additio | |
| NAME | | | | 4. 2 NAME | - 1 | 3 | |
| STREET ADDRESS | | | | 4.3 STREET | ADDRESS | • | |
| CITY-ST-ZIP | | | | 4.4 CITY - S | T-ZIP | | |
| TITLE | | L | DELETE | 5.1 TITLE | | Change D Additio | |
| NAME | | | | 5.2 NAME | 1 | 1/5 0/2 | |
| STREET ADDRESS | | | | 5.3 STREET | ADDRESS | $\gamma \langle () \rangle \rangle $ | |
| CITY - ST - ZIP | | | DELETE. | 5.4 CITY - S | T-ZIP | | |
| TITLE | | L | DELETE | 6.1 TITLE | 1 | "S. Change Additio | |
| NAME CIRCEL LIBERTOR | | | | 6.2 NAME | | 500002444395 -03/02/9801125007 | |
| STREET ADDRESS | | | į | 6.3 STREET | 1 | ***150.00 | |
| 14 hereby o | partify that the information supplied w | ith this filling does | not qualify for t | 6.4 CITY - S | tion states | d in Section 119 07(3)(i) Florida Statutes further certify that the information | |
| 14. I nereby certify that the information supplied with this filling 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. | | | | | | | |