FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

QUEST	SERVICES, INC.	0058805 (8)			
Principal Place of Business Mailing Address				e inditiade tra fatte atter anter dette dette allib fitibe tatel blitt abie gift Haft	
13700 - 58TH ST. NORTH SUITE 202 CLEARWATER FL 34620		13700 - 58TH ST. NORTH Suite 202 Clearwater Fl 34620		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
a Principal Pi	ace of Business	2a. Mailing Address		07/01/1996 4. FEI Number Applied For	
21		26		59-3392886 Not Applical	ble
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional	
22		27		Fee Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Ζφ	Country	8. This corporation owes or has paid the current year Intangible	1
24	25 Name and Address of Current		30	Personal Property Tax due June 30. Yes No	_
131	MY, SUSAN M 124 - 111 LANE N 1390 FL 33778		81 Name 82 Street 6 83 84 City	Susan H Denne (Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code	
office or re agent. I as SIGNATURE	o the provisions of Sections 607.0502 gistered agent, or both, in the State on familiar with, and accress the obligations of the state	of Florida, Such change was au tious of, Section 607,0505, Flor	s, the above-named uthorized by the corpride Statutes. Registered Agent signature	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered by \$1.90 \frac{4}{2} \frac{3}{9} \frac{9}{8} \frac{4}{3} \frac{1}{9} \frac{8}{3} \frac{1}{9} \frac{1}{8} \frac{1}{3} \frac{1}{9} \frac{1}{9} \frac{1}{3} \frac{1}{9} \fra	id
12.	SHITCE HS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ㅓ
TITLE	D	DELETE	1.1 TITLE	Change Additi	ion
NAME	ALMY, SUSAN M		1.2 NAME	SueADenney	- [
STREET ADDRESS	200 - 73RD AVE. NORTH, #30		1.3 STREET ADDRESS	18700-68# STN#201	
CITY-ST-ZIP	ST. PETERSBURG FL 33702-5	953 DELETE	1.4 CITY-ST-ZIP	Clearwater FL 33760	
TITLE NAME		C) DECEIE	2.1 TITLE 2.2 NAME	- · ~	on j
STREET ADDRESS			2.3 STREET ADDRESS	MarieTBeazhold 8319-7845 Ave. D	
CITY-ST-ZIP			2 4 CITY-ST-ZIP	Seminale FL 33777	l
TITLE		DELETE	3.1 TITLE	☐ Change ☐ Additi	ion
NAME			3.2 NAME	<u> </u>	
STREET ADDRESS			3.3 STREET ADDRESS		1
CITY-ST-ZIP			3.4. CITY - S1 - ZIP		
TITLE		DELETE	4.1 TITLE	L Change	on
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	☐ Change ☐ Additi	ion
NAME		hamp of the control	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		- 1
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Additi	on
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		1

14. Thereby 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 a attachment with an address.

SIGNATURE:

FILED

May 08 1998 8:00am

Secretary of State