## 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

## **FILED** Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90023 049 \*\*\*150.00

1. Corporatio	NEN # P97000	001431							
	QUES PRINTING, INC.								
1					Ī		<b>a</b> 1811 1 <b>46</b> 11 <b>86</b> 21 <b>88</b> 11 8		
									E
Principal Plac	e of Business	Mailing Address				1			
525 S 21 AVE		525 \$ 21 AVE							
HOLLYWOOD F	-1. 33020	HOLLYWOOD FL 33020					DO NOT WRITE	N THIS SPACE	
						3. Date Incorpora		1110 017102	<del></del>
]						01/02/1997			i
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		I A	pplied For
21 26						65-071674	4	N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #						5. Certificate of S	tatus Desired		Additional
22 27									tequired
City & Stat	e 	City & State	City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip		Country		8. This corporation owes the current year Intangible			
24	25	29 3	0		Personal Property Tax.				□No
	9. Name and Address of Current	Registered Agent	81	N		10. Name and Ad	dress of New Reg	stered Agent `	
MAI	ERBA, JOHN J		61	Name					]
	B HARRISON ST #204		82	Street	Addres	Idress (P.O. Box Number is Not Acceptable)			
	LYWOOD FL 33020-5066		83						
			63						Í
			84	City				FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above	-named	corpor	ation submits this s	tatement for the pur	pose of changing it	s registered
agent. I a	egistered agent, or both, in the State o m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	la Statutes	ine corpi	oration	s poard or directors	s. I nereby accept ur	e appointment as n	egistered
SIGNATURE									i
	Signature, typed or printed name of registered agent		<del>-</del>	t signature r	required w	men reinstating)		DATE	
TITLE	OFFICERS AND DIRECTORS  D DELETE		13.			ADDITIONS/CH	ANGES TO OFFIC	ERS AND DIRECT	
NAME	GHEUSNEAUD, EMMANUEL	<del>-</del>		1.1 IIILE		esident 1 MANUEL 15 South selywood	GHEUSN	EA-UT CHAINGE	
STREET ADDRESS	1918 HARRISON ST #204			ADODECC	E !	South	21 AVE.		Ì
1	HOLLYWOOD FL 33020-5066		1.3 STREET ADDRESS		20	religions	. FL . 33	020	
CITY-ST-ZIP TITLE	TIGELINGOD TE GOOZE GOOD	☐ DELETE	2.1 TITLE	1-21r	11.0	, , , , , , , , , , , , , , , , , ,	7,7	Change	. ☐ Addition
NAME			2.2 NAME	• •				<b>—</b> ; <b>3</b> -	
STREET ADDRESS			2.3 STREET	ADDRESS		•		سنة ومسخص ويته ويستحسب	
CITY-ST-ZIP			2.4 CITY-S	T-ZIP	ļ				ţ
TITLE		☐ DELETE	3.1 TITLE					Change	☐ Addition
NAME			3.2 NAME	i	1	-			}
STREET ADDRESS			3.3 STREET	ADDRESS	(				ļ
CITY-ST-ZIP			3.4. CITY-S	T-ZIP	<b> </b>			·	
TITLE		☐ DELETE	4.1 TITLE		1			Change	Addition
NAME			4, 2 NAME		}				{
STREET ADDRESS			4.3 STREET	ADDRESS				•	]
CITY-ST-ZIP			4.4 CITY-ST	-ZIP	<b> </b>			F3 61	
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		{			Change	Addition
NAME STREET LEGGERS			5.2 NAME 5.3 STREET	ADDDEER	{				ĺ
STREET ADDRESS			5.4 CITY-ST						}
CITY-ST-ZIP	<del>                                     </del>	☐ DELETE	6.1 TITLE	<u> </u>			<del></del>	☐ Change	Addition
NAME			6.2 NAME		ļ				
STREET ADDRESS			6.3 STREET	ADDRESS			-		ľ
CITY-ST-ZIP			6.4 CITY-ST	1	1				
						<del></del>			

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.

SIC	2N.	ΔΤΙ	IDE	:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR