

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  
Apr 28, 1999 8:00 am  
Secretary of State

04-28-1999 90017 026 \*\*\*150.00

DOCUMENT # P97000056890

1. Corporation Name  
QUEST FOR ANTIQUES INC.

Principal Place of Business  
1825 GRAND ISLE CIRCLE  
APARTMENT 421B  
ORLANDO FL 32810

Mailing Address  
1825 GRAND ISLE CIRCLE  
APARTMENT 421B  
ORLANDO FL 32810



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1997

4. FEI Number

59-3455580

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax.

☐

Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THORNTON, SCOTT E  
1825 GRAND ISLE CIRCLE  
APARTMENT 421B  
ORLANDO FL 32810

81 Name

THORNTON, SCOTT E

82 Street Address (P.O. Box Number is Not Acceptable)

1752 COLD SPRINGS CT

83

84 City

Apopka

FL

85 Zip Code

32712

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

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME THORNTON, SCOTT  
STREET ADDRESS 1825 GRAND ISLE CIRCLE, APT. 421B  
CITY-ST-ZIP ORLANDO FL 32810

1.1 TITLE D  
1.2 NAME THORNTON, SCOTT  
1.3 STREET ADDRESS 1752 COLD SPRINGS CT  
1.4 CITY-ST-ZIP Apopka, FL 32712

TITLE D  
NAME THORNTON, ARFINA  
STREET ADDRESS 1825 GRAND ISLE CIRCLE, APT. 421B  
CITY-ST-ZIP ORLANDO FL 32810

2.1 TITLE D  
2.2 NAME THORNTON, ARFINA  
2.3 STREET ADDRESS 1752 COLD SPRINGS CT  
2.4 CITY-ST-ZIP Apopka, FL 32712

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: Scott E. Thornton 4/22/99 (407)880-7776  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)