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 # P97000062063 (7)

TIGICIT QUEUT TIEMO, INC	•
Principal Place of Business	Mailing Address
6105 54TH AVE N ST PETERSBURG FL 33709	8105 54TH AVE N ST PETERSBURG FL 33709

FILED Apr 29 1998 8:00am Secretary of State

VISION 	QUEST FILMS, INC.						
Principal Plac	e of Business	Mailing A	ddress			a contidut sin initi innii surii ndiit ndiit ndiit ndiit neiti neiti neiti	6 11611 60118 01160 1111 1201
,6105 54TH A		6105 54T		_			
ST PETERSBURG FL 33709 ST PETERSBURG FL 3370			9	DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified	317.02
]						07/16/1997	
2. Principal F	Place of Business	2a. Mailin	g Address			4. FEI Number	Applied For
21		26					Not Applicable
Suite, Apt	#, etc.	Suite,	Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22	1-	27	Circle				Fee Required
City & Stat	te	City &	State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28 Zip		Countr		This corporation owes or has paid the cur	
24	25	29	3	30	,		Yes X No
	9. Name and Address of Curren					10. Name and Address of New Registered	
KE	LLEY, LISA			8	Name	C 0 0 0 1 0	
	05 54 TH AVE N			8:	Street Add	ress (P.O. Box Number is Not Acceptable)	
ST	PETERSBURG FL 33709				<u>ه</u>	105 SYTH AVENU	E North
				83	9]
				84	City		85 Zip Code
					S	of tetus burg FL	133709
11. Pursuant	to the provisions of Sections 607 050: registered agent, or both, in the State	2 and 607.1508 of Florida, Suc-	B, Florida Sta tutes	s, the about	ve-named corp	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	changing its registered
agent. I a	am familiar with, and accept the obliga	alions of Section	n 607.0505 Flori	ida Statute	96. —	O a a management of the app	on in the in the state of
SIGNATURE		<u> </u>	()	LEU	<u>, +.</u>	(ARR) 4/2	2/98
12.	Signiture, typed or printed name of registered agri-		ile NOIE	Registered A	gent signature requir	rod when reinstating) PATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE		26TARY	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME	LEW CARR	TE I MIM!		1.2 NAME			
STREET ADDRESS	5587 58th St	S			T ADDRESS		
CITY-ST-ZIP	St Petersburg	, F ,	33709	1.4 CHY-	Į.		
TITLE	Treasurer	21-7	DELETE	2 1 TITLE			Change Addition
NAME	I See Valla		_	2.2 NAME			
STREET ADDRESS	6105 Sytu Aven	cur Nes	,th	2.3 STREE	T ADDRESS		
CITY-ST-ZIP	St Petersburg	FC 33	เรยเ	2. 4 CITY	- S1 - ZIP		
TITLE	81		DELETE	3.1 TITLE			Change Addition
NAME				3.2 NAME			
STREET ADDRESS	Į.			3.3 STREE	T ADDRESS		Į
CITY-ST-ZIP				3.4 CITY	-ST-ZIP		
TITLE			DELETE	4.1 TITLE	ļ		Change Addition
NAME				4. 2 NAMI	ſ		
STREET ADDRESS					T ADDRESS		
CITY-ST-ZIP			D OU LTC	4.4 CITY -	ST - ZIP		Observe D Addition
TITLE ·			DELETE	5.1 7/11.8		1100	☐ Change ☐ Addition
NAME				5.2 NAME		16 4129	1
STREET ADDRESS					T ADDRESS) = '(' '	
CFTY-ST-ZIP			DELETE	5.4 CITY- 6.1 TITLE		OCCOPTOR 15	hange Addition
NAME			_ been	6.2 NAME	* ***	90000250519 -04/29/980105902	2 Country
STREET ADDRESS					T ADDRESS	***150.00	c
				1	ì	**************************************	
CITY-ST-ZIP	<u> </u>			64 CITY-	P1-78	0	

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 an attachment with an address.