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 # P97000087641 (1)

VISIONQUEST ENTERTAINMENT CORPORATION

Principal Place of Business		Mailing Address			l (daitéb) its strut todat attu datu datu datu attu tetut tetut attut		
925 KEATON PARKWAY OCOCE FL 34761		925 KEATON PARKWAY OCOEE FL 34781		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified		
					10/10/1997		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For		
21		26			59-3472566	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional	
22		27			5. Certificate of Status Desired Fee Require		
City & State		City & State		,	Election Campaign Financing	\$5.00 May Be	
23		26		Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Count		8. This corporation owes or has paid the curr	ent year Intangible	
24	25	29	30			Yes 🔀 No	
9, Name and Address of Current Registered Agent					10. Name and Address of New Registered		
AMERILAWYER 343 ALMERIA AVENUE				1 Name	Name		
				82 Street Address (P.O. Box Number is Not Acceptable)			
CORAL GABLES FL 33134			o.	2 Street At	ddress (P.O. Box Number is Not Acceptable)		
"	NAT CARDIES LE 33 134						
			<u></u>		·		
			8	4 City	FL	85 Zip Code	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	02 and 607.1508, Florida Statute e of Florida. Such change was a gations of, Section 607.0505, Flo	es, the abo authorized t orida Statute	ve-named copy the corpoes.	orporation submits this statement for the purpose of tration's board of directors. I hereby accept the appora-	changing its registered pintment as registered	
SIGNATURE	Signature, typed or printed name of registered as	(NOT	E. Donistound 6	nont riggalius re	equired when reinstating) DATE		
12. OFFICERS AND DIRECTORS			13.	The state of the s		DIRECTORS IN 12	
TITLE	PD DELETE		1.1 TITLE		7,55111010001,0102010 100010 1000	☐ Change ☐ Addition	
NAME	DECOSEY, ROBERT D SR	121		.		- • -	
STREET ADDRESS				ET ADDRESS			
	0COEE FL 34761						
CITY-ST-ZIP TITLE	SD SD	> DELETE	1.4 CITY- 2.1 TITLE			Change Addition	
		E OCLLIL		l l		C Shande C vocation	
NAME	WILSON, RODNEY M		2.2 NAME				
STREET ADDRESS	925 KEATON PARKWAY		2.3 STRE	ET ADDRESS			

2. 4 CITY - ST - ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 C(TY-ST-ZIP

3.4. CITY-ST-ZIP

3.1 TITLE

3.2 NAME

41 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

DELETE

DELETE

DELETE

64 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 fire receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter, of private interest of the corporation of th

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

NAME

TITLE

OCOEE FL 34761

WILSON, JAMES T

OCOEE FL 34761

OCOEE FL 34761

925 KEATON PARKWAY

HAWTHORNE, JOSEPH C

925 KEATON PARKWAY

4/30/98

407-656-2600

Change

Change

Change

Change

☐ Addition

___ Addition

Addition

___ Addition

FILED

May 14 1998 8:00am

Secretary of State