

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
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90099 015 ***150.00

DOCUMENT # P97000092613

1. Corporation Name
CAREER QUEST, INC.

Principal Place of Business
5530 THOROUGHbred BLVD.
FORT LAUDERDALE FL 33330

Mailing Address
5530 THOROUGHbred BLVD.
FORT LAUDERDALE FL 33330

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/28/1997

4. FEI Number
65-0802451

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

2. Principal Place of Business
21 3200 S.W. 131ST Terr

2a. Mailing Address
26 3200 S.W. 131ST Terr.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
DAVIE FL

28 City & State
DAVIE FL

24 Zip 33330 25 Country USA

29 Zip 33330 30 Country USA

9. Name and Address of Current Registered Agent

JOHNSON, A G
5530 THOROUGHbred BLVD.
FORT LAUDERDALE FL 33330

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
3200 S.W. 131ST Terr
83
84 City DAVIE FL 85 Zip Code 33330

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D
NAME JOHNSON, A G
STREET ADDRESS 5530 THOROUGHbred BLVD.
CITY-ST-ZIP FORT LAUDERDALE FL 33330

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT AND Director ☒ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS 3200 S.W. 131ST Terr
1.4 CITY-ST-ZIP DAVIE FL 33330

2.1 TITLE Vice President ☐ Change ☒ Addition
2.2 NAME Kim Johnson
2.3 STREET ADDRESS 3200 S.W. 131ST Terr.
2.4 CITY-ST-ZIP DAVIE, FL 33330

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
A. G. JOHNSON

Date

Daytime Phone #

3-3-99

954-478-8863

CR2E034 (11/98)

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