Applied For

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

Not Applicable \$8.75 Additional

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 13, 1999 8:00 am Secretary of State

04-13-1999 90068 002 ***150.00

DOCUMENT # P97000092739

Country

FISHER, GERALDINE F

23

24

Zip

QUEST OF QUIETUDE VENTURES, INC.

Principal Place of Business	Mailing Address C/O GARY H. FEDER. ESO. 231 S. BEMISTON. 8TH FLOOR ST. LOUIS MO 63105		
3615 BOCA CIEGA DRIVE APT. 112 NAPLES FL 34112			
2. Principal Place of Business	2a. Mailing Address		
Suite, Apt. #, etc	Suite, Apt. #, etc.		
City & State	27 City & State		

30 25 29 9. Name and Address of Current Registered Agent

28

Zip

Country

|--|

DO NOT WRITE II	N THIS	SPACE
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3. Date incorporated or Qualifed

5. Certificate of Status Desired

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

6. Election Campaign Financing

Trust Fund Contribution

Personal Property Tax.

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

10/27/1997 4. FEI Number

43-1035876

3615	BOCA CIEGA DRIVE	82	Street	Address (P.O. Box Number is Not Acceptable)				
APT.	112	83						
napl	ES FL 34112	<u> </u>						
		84	City	FL 85 Zip C	ode			
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)								
12.	Of Fide Not File State S	3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	Addition			
TITLE		TITLE						
NAME	riorier, derviebilite i	NAME			l			
STREET ADDRESS	3615 BOCA CIEGA DR., APT. 112 1.	STREET	ADDRESS					
CITY-ST-ZIP	100 220 72 01772	CITY-S	r-ZIP					
TITLE	☐ DELETE 2.	TITLE		☐ Change	☐ Addition			
NAME	2.	NAME		•				
STREET ADDRESS	2.	STREET	ADORE\$S					
CITY-ST-ZIP	2.	4 CITY-S	T-ZIP					
TITLE	DELETE 3.	TITLE -		Change	Addition.			
NAME	3.	NAME			ŀ			
STREET ADDRESS	3.	STREET	ADDRESS					
CITY-ST-ZIP	3.	. CITY-S	T-ZIP					
TILE	☐ DELETE 4.	TITLE		☐ Change	☐ Addition			
NAME	4.	2 NAME			ľ			
STREET ADDRESS	4.	STREET	ADDRESS					
CITY-ST-ZIP	4.	CITY-S	r-ZIP					
TITLE	DELETE 5.	TITLE		☐ Change	☐ Addition			
NAME 2	5.	NAME						
STREET ADDRESS	. 5.	STREE	ADDRESS					
CITY-ST-ZIP	5.	CITY-S	r-ZIP		•			
TITLE 3	☐ DELETE 6.	TITLE		☐ Change	☐ Addition			
NAME /	6.	NAME			ł			
STREET ADDRESS	6.	STREE	ADDRESS]			
CITY-ST-ZIP		CITY-S						
14. I hereby o	ertify that the information supplied with this filling does not qualify for the e	xempt	on state	d in Section 119.07(3)(i), Florida Statutes. I further certify that the in	ntormation			

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 ar 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:

941-775-5181