

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000100396 (5)**

1. Corporation Name

INFOQUEST SYSTEMS, INC.

Principal Place of Business

**10150 BELLE RIVE BLVD
APT 1010
JACKSONVILLE FL 32256**

Mailing Address

**10150 BELLE RIVE BLVD
APT 1010
JACKSONVILLE FL 32256**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/25/1997

4. FEI Number

59-3483737

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 **5434 Grande Palm Circle**

Suite, Apt. #, etc.

22

City & State

23 **Delray Beach, FL**

Zip

24 **33484**

Country

25 **U.S.**

2a. Mailing Address

26 **5434 Grande Palm Circle**

Suite, Apt. #, etc.

27

City & State

28 **Delray Beach, FL**

Zip

29 **33484**

Country

30 **U.S.**

9. Name and Address of Current Registered Agent

**KOTA, MURTHY
10150 BELLE RIVE BLVD
APT 1010
JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent

81 Name

Satyanarayana Bolli

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

5434 Grande Palm Circle

83

84 City

Delray Beach

FL

85 Zip Code

33484

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

Bolli Satyanarayana

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KOTA, MURTHY	
STREET ADDRESS	10150 BELLE RIVE BLVD, APT 1010	
CITY - ST - ZIP	JACKSONVILLE FL 32256	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director/P, S, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Satyanarayana Bolli	
1.3 STREET ADDRESS	5434 Grande Palm Circle	
1.4 CITY - ST - ZIP	Delray Beach, FL 33484	

2.1 TITLE	Director/V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Narender Dev Mantena	
2.3 STREET ADDRESS	37011 Valley Ridge Drive	
2.4 CITY - ST - ZIP	Farmington Hills, MI 43331	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

Bolli Satyanarayana

CR2E034 (10/97)