CR2E034 (11/98)

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000015040

1. Corpora ion Name

MARQUEST CONSULTING, INC.

	44.										
Principal Place of Business Mailing Address											
7380 N.W. 68TH WAY			7380 N.W. 68TH WAY								
PARKLAND FL 33067			PARKLAND FL 33067				DO NOT A	VRITE IN TH	S SPACE		
							3. Date ir corporated or Qual		0 011102		
							02/13/1998				
2. Principal Place of Business			2a. Mailing Address				4 CELMimber		Apr	olied For	
21			26				45-0818 OF	<u>'</u>	Not	Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desire	\$8.75 Additional			
22			27				5. Certificate of citates beside	Fee Required			
City & S:at	e		City & State				6. Election Campaign Finance	ng 🖂	\$5.00 #		
23			28				Trust Fund Contribution Added to Fees				
Zip	Cour	ı:ry	Zip	Country	′		8. This corporation owes the	current year	Intangible ☐ Yes	(dNo	
24	25		29	30			Personal Property Tax. 10. Name and Address of No.	Donictors	· ····	5 () 140	
	9. Name and Add	ess of Current	Registered Agent	81	Мап		10. Name and Address of No	w Kegistere	u Agent		
FICE	HER GARY E			"	INGII	iiC					
eichler, gary e 591 silver lane			82 Street			et Addr	Address (P.O. Box Number is Not Acceptable)				
BUCA RATON FL 33432				02	83						
BCC	A IMIONIE 3040	•		63							
				84	City			F	85 Zip C	ode	
					<u> </u>		oration submits this statement for	-	_ , ,	ragistered	
office or r	egistered agent, or bo	th in the State of	Florida. Such change was ons of, Section 607.0505, F	authorized by	the co	prporation	on's board of cirectors. I hereby a	ccept the app	oointment as reg	istered	
SIGNATURE	Signature, typed or printed na	a of registered agent	and title if applicable. (NO	Ti .: Registered Age	nt signate	ire require	d when reinstating)	DATE			
12.	Signature, typed or printed its	OFFICERS AND		13.	•		ADDITIC NS/CHANGES TO	OFFICERS	AND DIRECTOR	S IN 12	
TITLE	POESIDEN	IT /	☐ DELETE	11 TITLE	11 TITLE		OFSIDER IT		☐ Change	Addition	
NAME	TAMES C	DEDGA.	W-	1.2 NAME	1.2 NAME		AMFS I DERHA	V			
STREET ADDRESS	1200	CATALO .		13 STREE	TADDRE	ss 75	380 NW US WAY	• •			
CITY-ST-ZIP	PARHAMON	2300)	1.4 CITY- 9	T-ZIP	7	AMES F. DECHA 380 NW CS WAY AMELAND, FE 3	3067			
TITLE	72.4.4	1. 2. 2. 2.	☐ DELETE	2.1 TITLE		┯-			☐ Change	Addition	
NAME				2.2 NAME							
STREET ADDRESS				2.3 STREE	TADDRE	ss					
CITY-ST-ZIP				2. 4 CITY-	ST-ZIP						
TITLE			☐ DELETE	3.1 TITLE					☐ Change	☐ Addition	
NAME				3.2 NAME							
STREET ADDRESS				3.3 STREE	T ADDRE	ss					
CITY-ST-ZIP				3.4. CITY-	ST-ZIP						
TITLE			☐ DELETE	4.1 TITLE					Change	Addition	
NAME				4. 2 NAME							
STREET ADDRESS				4.3 STREE	TADDRE	SS					
CITY-ST-ZIP				4.4 CITY- 9	ST-ZIP						
TITLE			☐ DELETE	5.1 TITLE			<u> </u>		☐ Change	Addition	
NAME				5.2 NAME							
STREET ADORE: S				5.3 STREE	TADDRE	SS					
CITY-ST-ZIP				5.4 CITY- 8	ST-ZIP						
TITLE			☐ DELETE	61 TITLE					Change	☐ Addition	
NAME				6.2 NAME							
STREET ADDRESS	1			6.3 STREE	T ADDRE	ss					

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 a nual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I cm 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 a light empowered.

6.4 CITY-ST-ZIP

SIGNATURE: