

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

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90040 009 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000045153**

1. Corporation Name  
**QUESTEK CORP.**

Principal Place of Business 15200 S.W. 49TH STREET MIRAMAR FL 33027	Mailing Address 15200 S.W. 49TH STREET MIRAMAR FL 33027
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified <b>05/18/1998</b>	
4. FEI Number <b>65-0844237</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HIGGINS, JOHN J JR**  
**15200 S.W. 49TH STREET**  
**MIRAMAR FL 33027**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HIGGINS, JOHN J JR</b>
STREET ADDRESS	<b>15200 S.W. 49TH STREET</b>
CITY-ST-ZIP	<b>MIRAMAR FL 33027</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HIGGINS, PAULA F</b>
STREET ADDRESS	<b>15200 S.W. 49TH STREET</b>
CITY-ST-ZIP	<b>MIRAMAR FL 33027</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HIGGINS, JOHN J SR</b>
STREET ADDRESS	<b>5918-23RD AVENUE</b>
CITY-ST-ZIP	<b>BROOKLYN NY 11204</b>
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>HIGGINS, JOHN J. Jr.</b>
1.3 STREET ADDRESS	<b>15200 SW 49 STREET</b>
1.4 CITY-ST-ZIP	<b>MIRAMAR, FL 33027</b>
2.1 TITLE	<b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>HIGGINS, PAULA F.</b>
2.3 STREET ADDRESS	<b>15200 SW 49 STREET</b>
2.4 CITY-ST-ZIP	<b>MIRAMAR, FL 33027</b>
3.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>SIMONE GREGORY</b>
3.3 STREET ADDRESS	<b>15200 SW 49 STREET</b>
3.4 CITY-ST-ZIP	<b>MIRAMAR, FL 33027</b>
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, with all other like empowered.

SIGNATURE: Paula F. Higgins PAULA F. HIGGINS 04/26/99 (954) 704-3639  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)