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

DOCUMENT # P98000050411

1. Corporation Name

C-QUEST TECHNOLOGIES, INC.

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90163 032 ***150.00



| | | | | | | <u> </u> | | | | |
|--|---|-----------------------|---------------|--|--|-------------------|------------------------------------|--|--|--|
| Principal Place of Business Mailing Address | | | | | | • | | | | |
| 19931 COURT OF THE LIONS | 19931 COURT OF THE LIONS | | | | | | | | | |
| BOCA RATON FL 33434 | BOCA RATON FL 33434 | | | | | | | | | |
| | | | | | DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed | | | | | |
| | | | | | | | | | | |
| | | | | | 06/03/1998 | | | | | |
| 2. Principal Place of Business | 2a. Mailing Ad | Idress | | | 4. FEI Number | | Applied For | | | |
| 21 | 26 | | | | 65-0839370 | | Not Applicable | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional | | | | |
| | 27 | | | | 5. Certificate of Status Desired | Fe | e Required | | | |
| City & State | City & Sta | City & State | | | 6. Election Campaign Financing | 55.00 May Be | | | | |
| 23 | 28 | | | | Trust Fund Contribution | Ad | ded to Fees | | | |
| Zip Country | Zip | Cor | untry | <u> </u> | 8. This corporation owes the current year In | angible | | | | |
| 24 25 . | 29 | 30 | | | Personal Property Tax. | ☐ Yes | No. | | | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | | | | |
| | | | 81 | Name | | | | | | |
| FINANCIAL FOUNDATIONS, INC. | | | 82 | Ctroot Addr | ess (P.O. Box Number is Not Acceptable) | | | | | |
| 2843 THAXTON DR., #37 | | | 02 | Street Addre | | | | | | |
| PALM HARBOR FL 34684 | | | 83 | | | | | | | |
| | | | 84 | City | FI | 85 | Zip Code | | | |
| 11. Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Sta | 502 and 607 1508, Fitte of Florida, Such ch | orida Statutes, the a | above d by | e-named corporation | oration submits this statement for the purpose of on's board of directors. I hereby accept the appo | changir | ng its registered 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 | 13. | ADDITIONS/CHANGES TO OFFICERS AN | D DIRECTOR | | | | | | | |
| TITLE | P DELETE | 1.1 TITLE | V | ☐ Change | Addition | | | | | | |
| NAME | CONTENTO, BRYCE D | 1.2 NAME | Irene Contento 19931 Court of the Lions | | ļ | | | | | | |
| STREET ADDRESS | C/O 19931 COURT OF THE LIONS | 1.3 STREET ADDRESS | 19931 COURT OF THE MOIS | | Ì | | | | | | |
| CITY-ST-ZIP | BOCA RATON FL 33434 | 1.4 CITY-ST-ZIP | Boca ROSON, FL 33434 | | | | | | | | |
| TITLE | ☐ DELETE | 2.1 TITLE | , , | Change | Addition | | | | | | |
| NAME | • | 2.2 NAME | | | \$ | | | | | | |
| STREET ADDRESS | • | 2.3 STREET ADDRESS | | | ļ | | | | | | |
| CITY-ST-ZIP | | 2. 4 CITY-ST-ZIP | | | | | | | | | |
| TITLE | DELETE | 3.1 TITLE | | ☐ Change | Addition | | | | | | |
| NAME | | 3.2 NAME | | | } | | | | | | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | | 3.4. CITY-ST-ZIP | | · | | | | | | | |
| TITLE | ☐ OELETE | 4.1 TITLE | | Change | ☐ Addition | | | | | | |
| NAME | | 4.2 NAME | | | | | | | | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | | | | | | | | |
| TITLE | ☐ DELETE | 5.1 TITLE | | Change | Addition | | | | | | |
| NAME . | | 5.2 NAME | | | - | | | | | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | | | | | | | | |
| CfTY-ST-ZIP | | 5.4 CITY-ST-ZIP | | | | | | | | | |
| TITLE | ☐ DELETE | 6.1 TITLE | | ☐ Change | ☐ Addition | | | | | | |
| NAME | ÷ | 6.2 NAME | | | ļ | | | | | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | | } | | | | | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | <u> </u> | | | | | | | | |

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 suppliemental 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 of 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 Heatinged or on an attachment with an address, with all other like empowered.

SIGNATURE: