

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 30, 1999 8:00 am  
Secretary of State

04-30-1999 90047 018 \*\*\*150.00

DOCUMENT # P98000059189

1. Corporation Name  
CAPITAL QUEST INTERNATIONAL, INC.

Principal Place of Business  
5005 W. LAUREL ST., STE. 201  
TAMPA FL 33607

Mailing Address  
5005 W. LAUREL ST., STE. 201  
TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/01/1998

4. FEI Number  
59 3522187

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DICKS, J.W. ESQ  
5005 W. LAUREL ST., STE. 201  
TAMPA FL 33607

81 Name

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

83

84 City

FL

85 Zip Code

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

President  
(NOTE: Registered Agent signature required when reinstating)

4/21/99  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST ☐ DELETE  
NAME DICKS, JAMES E  
STREET ADDRESS 7028 W. WATERS AVE., #343  
CITY-ST-ZIP TAMPA FL 33634

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VP ☐ DELETE  
NAME LAPLANTE, ANDRE  
STREET ADDRESS 104 W. LOUISIANA AVE.  
CITY-ST-ZIP TAMPA FL 33611

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VP ☐ DELETE  
NAME MORGAN, PHILIP  
STREET ADDRESS 6209 1/2 ELBRON ST.  
CITY-ST-ZIP TAMPA FL 33611

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME Philip Morgan  
3.3 STREET ADDRESS 7028 W. Waters Ave #343  
3.4 CITY-ST-ZIP Tampa FL 33634

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME Todd Becker  
4.3 STREET ADDRESS 7028 W. Waters Ave #343  
4.4 CITY-ST-ZIP Tampa FL 33634

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: James Dicks  
Signature and typed or printed name of signing officer or director

4/21/99 813 637-8255  
Date Daytime Phone #

CR2E034 (11/98)

0387034