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 # P98000061494

CAPITAL QUEST REALTY, INC.

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90088 007 ***150.00



Principal Plac	e of Business	Mailing Address							
5005 W. LAURE	L ST., SUITE 201	5005 W. LAUREL ST., SUITE 201 TAMPA FL 33607							
tampa FL 3360	707					DO NOT WRITE IN THE SPACE			
						DO NOT WRITE IN THIS S	PACE		
						3. Date Incorporated or Qualifed		}	
		1 22 31 2 27				07/13/1998 4. FEI Number		plied For	
2. Principal P	lace of Business	2a. Mailing Address				15935a 6471			
21		26				31332 3111		t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 /	Additional equired -	
22		27							
City & Stat	e ·	City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
23		28				Trust Fund Contribution		o rees	
Zip	Country	Zip	_	untry		8. This corporation owes the current year Intar		V ₁ 1	
24	25		30			7 Gladiai i Toporty Taxa	∐ Yes	ΙΝο	
	Name and Address of Current	Registered Agent		 		10. Name and Address of New Registered A	gent		
Blou	O LAMEO			81	Name			1	
DICKS, JAMES				82	Street A	ddress (P.O. Box Number is Not Acceptable)			
	W. WATERS AVE., SUITE 343								
TAM	PA FL 33634			83					
	•			84	City	<u> </u>	85 Zip	Code	
				04	City	FL	65 24		
office or i	registered agent, or both, in the State of the familiar with, and accept the obligations.	of Florida. Such change was au	ıthorize	d by tr	ne corpoi	corporation submits this statement for the purpose of cration's board of directors. I hereby accept the appoint	ment as re	gistered	
SIGNATURE	JAMES DICKS	DO	e	ler	T	<u>4 Jai 199</u>			
CIGITITIONE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registere	d Agent s	signature rec	quired when reinstating) DATE	-		
12.	OFFICER ANI		13.			ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	PSTD	☐ DELETE	1.1 T	TTLE		PSTD	Change	☐ Addition	
NAME	DICKS, JAMES E	•	1.2 N	IAMÉ	J	Dicks, James E		1	
STREET ADDRESS	702B WESTG WATERS AVENUE	·	1.3 S	TREET A	DDRESS	7028 W. Waters Ave, #343			
CITY-ST-ZIP	TAMPA FL 33634		1.4 0	HY-ST-	ZIP	Tampa FL 33634			
TITLE	VP	☐ DELETE	2.1 T	TTLE			Change	Addition	
NAME	LAPLANT, ANDRE		2.2 N	IAME				-	
STREET ADDRESS	104 W. LOUISIANA AVE.		2.3 S	TREETA	DDRESS		/	1	
CITY-ST-ZIP	TAMPA FL 33603		2.40	CITY-ST-	ZIP		\angle		
TITLE	VP	☐ DELETE	3.1 T	TTLE		VP	Change	☐ Addition	
NAME	MORGAN, PHILIP		3.2 N	IAME		Philip morgan	-	Ì	
STREET ADDRESS	**** *** FY PROM OT		335	TREET	DDRESS	7028 W. Waters Ave, #343			
CITY-ST-ZIP	TAMPA FL 33634		1	CITY-ST-		. Iampa PL 33634		13	
TITLE	IAMEA I C SOUCH	DELETE	4.1 T		-	VP -	Change	Addition	
NAME		—		NAME	.	Todd Becker,		1	
	Í				DODECC	7028 W. Waters Ave , #343			
STREET ADORESS	·	·			DORESS				
CITY-ST-ZIP		FT DELETE	_	::TY-\$T-	ZIP		Change	Addition	
TITLE		L. DELETE	5.1 T	IAME			L] Onlange		
NAME	1							J	
STREET ADDRESS					DDRESS			ľ	
CITY-ST-ZIP			_	ITY-ST-	ZIP		<u> </u>		
TITLE	[☐ DELETE	6.1 7		- 1		Change	☐ Addition	
NAME		•	6.2 N	IAME				-	
STREET ADDRESS			6.3 S	TREET A	DDRESS			ļ	
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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.