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Apr 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S00793 (7)
1. Corporation Name
QUEST ONE, INC.

Principal Place of Business Mailing Address
2895 HAMPTON CIRCLE EAST 2895 HAMPTON CIRCLE EAST
DELRAY BEACH FL 33445 DELRAY BEACH FL 33445



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 13366 48 TRAIL S.	26 13366 48 TRAIL S.		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23 DELRAY BEACH, FL.		28 DELRAY BEACH, FL.	
Zip Country		Zip Country	
24 33445	25	29 33445	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

WELLS, ROBERT
2895 HAMPTON CIRCLE EAST
DELRAY BEACH FL 33445

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City DELRAY BEACH FL 85 Zip Code 33445

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

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 AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, ROBERT D.	1.2 NAME	
STREET ADDRESS	2895 HAMPTON CIRCLE EAST	1.3 STREET ADDRESS	13366 48 TRAIL S.
CITY-ST-ZIP	DELRAY BEACH FL 33445	1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address.

SIGNATURE:

Robert D. Wells

4/20/98 511-496-3444

CR2E034 (10/97)