

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S55323 (7)
1. Corporation Name
QUEST CORRECTIONAL COMMUNICATIONS, INC.

FILED
97 JUL 28 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
242 FALCON DR
FOREST PK GA 30050-1802
US 30297

Mailing Address
242 FALCON DR
FOREST PK GA 30050-1802
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/28/1991		3a. Date of Last Report 05/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0272778		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

DEWITT, RICHARD J.
1113 CASTLE AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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

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	<input type="checkbox"/> DELETE	1.1 TITLE	1.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEWITT, RICHARD J.		1.2 NAME	100002249281--2			
STREET ADDRESS	242 FALCON DR		1.3 STREET ADDRESS	-07/28/97--01086--014			
CITY-ST-ZIP	FOREST PK GA 30050-1802		1.4 CITY-ST-ZIP	*****8.75 *****8.75			
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	100002249281--2			
NAME	DEWITT, RICHARD J.		2.2 NAME	-07/28/97--01086--015			
STREET ADDRESS	242 FALCON DR		2.3 STREET ADDRESS	*****550.00 *****550.00			
CITY-ST-ZIP	FOREST PK GA 30050-1802		2.4 CITY-ST-ZIP				
TITLE	ST	<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWTHERS, JR. B		3.2 NAME				
STREET ADDRESS	242 FALCON DR		3.3 STREET ADDRESS				
CITY-ST-ZIP	FOREST PK GA 30050-1802		3.4 CITY-ST-ZIP				
TITLE	AS	<input checked="" type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONKLE, DONALD H., JR.		4.2 NAME				
STREET ADDRESS	242 FALCON DR		4.3 STREET ADDRESS				
CITY-ST-ZIP	FOREST PK GA 30050-1802		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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 do 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.

SIGNATURE: SIGNATURE REQUIRED

CR2E034 (497)