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FILED

Jan 31 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V23912

(1)

1. Corporation Name  
INTELQUEST, INC.



Principal Place of Business

9835 SUNSET DR.  
SUITE 202  
MIAMI FL 33173  
US

Mailing Address

9835 SUNSET DR.  
SUITE 202  
MIAMI FL 33173-4647  
US

3. Date Incorporated or Qualified  
03/24/1992

3a. Date of Last Report  
03/22/1996

2. Principal Place of Business

21 2575 JARDIN DRIVE  
Suite, Apt. #, etc.

2a. Mailing Address

26 2575 JARDIN DRIVE  
Suite, Apt. #, etc.

4. FEI Number

65-0392653

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

22 City & State

WESTON, FLA.

27 City & State

WESTON, FLA.

23 Zip

25 USA

28 Zip

29 33327

30 USA

9. Name and Address of Current Registered Agent

MCNALLY, STEVEN W.  
10025 S.W. 91ST TERRACE  
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name

STEVEN W. MCNALLY

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

2575 JARDIN DRIVE

83

WESTON, FLA. 33327

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

*[Signature]*  
Signature of typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-18-97

12. OFFICERS AND DIRECTORS

TITLE P  
NAME MCNALLY, STEVEN W  
STREET ADDRESS 10025 SW 91ST TERR  
CITY-ST-ZIP MIAMI FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 2575 JARDIN DRIVE  
1.4 CITY-ST-ZIP WESTON, FLA. 33327

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

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0235382

CR2E034 (9/96)