## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V23912

(1)

INTELQUEST, INC.

Principal Place of Business

Mailing Address WESTON FL 33327

**FILED** Jan 29 1998 8:00am Secretary of State



2275 JARDINGNENUE DRIVE 2575 JARDIN AVENUE DRIVE WESTON FL 33327 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/24/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0392653 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. ☐ Yes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCNALLY, STEVEN W. 10025 S.W. 91ST TERRACE 2575 TARDIN DRIVE Street Address (P.O. Box Number is Not Acceptable) NESTON, FLORIA MIAMI-FL 33176 83 84 City 85 Zip Code Pursuant to the provisions of Sections 607,0502 and 607, office or registered agent, or both, in the State of Florida. agent. I am famillar with, and accept the objections of S and 607.1508, FlorIda Statutes, the above-named corporation submits this statement for the purpose of changing its registered if Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered Statutes. RES S SIGNATURE hen reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 Change 1.7 TITLE Addition TITLE MCNALLY, STEVEN W NAME 1.2 NAME 2575 TARSIN DRIVE 2575 TARBIN DRIVE WESTON, FLORIDA 10025-SW 91ST TERR 1.3 STREET ADDRESS STREET ADDRESS WESTON, FLA. 33327 -MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE DELETE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 3.1 DITE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITEF 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6,2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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. PS Y/-

SIGNATURE: