

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V47755 (6)

1. Corporation Name

DREAMQUEST INTERNATIONAL, INC.

Principal Place of Business

7265 ESTAPONA CIR
STE 101
FERN PARK FL 32730
US

Mailing Address

7265 ESTAPONA CIR
STE 101
FERN PARK FL 32730
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1992

3a. Date of Last Report

03/25/1994

4. FEI Number

59-3130746

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. 190.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

PETERSON, SCOT
5714 PADGETT CIRCLE
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name

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

83

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 (typed or printed name of registered agent and the 4 address)

NOTE: Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME MARTINEZ, KENT
STREET ADDRESS 837 CONKLIN CT
CITY, ST, ZIP CASSELBERRY FL 32707

TITLE DV
NAME PETERSON, CHRIS
STREET ADDRESS 115 SEALEY RD.
CITY, ST, ZIP LAKE MARY FL

TITLE ST
NAME PETERSON, SCOT
STREET ADDRESS 5714 PADGETT CIRCLE
CITY, ST, ZIP ORLANDO FL 32809

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

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 report is voluntarily furnished and does not qualify for the exemption stated in Section 190.03(3)(b), Florida Statutes. I further certify that the information selected 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 addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Typed Name)