

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

FILED

Oct 08 1998 8:00am
 Secretary of State

009076

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F94000004756 (2)

1. Corporation Name
 QUALITATIVE MARKETING SOFTWARE, INC.

Principal Place of Business:
 28051 US HIGHWAY 19 NORTH
 SUITE E
 CLEARWATER FL 34621
 US

Mailing Address:
 28051 US HIGHWAY 19 NORTH
 SUITE E
 CLEARWATER FL 34621
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:

21 28050 US Hwy 19 N

22 Ste # 500

23 Clearwater, FL

24 33761-2630 Pinellas

2a. Mailing Address:

26 28050 US Hwy 19 N

27 Ste # 500

28 Clearwater, FL

29 33761-2630 Pinellas

9. Name and Address of Current Registered Agent

POSTLER, CHARLES A.
 110 E MADISON ST
 STE 200
 TAMPA FL 33602

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

09/14/1994

4. FIC Number

59-3253423

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of sections 607.0502 and 607.0506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent or its 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 I accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Officer or Director)

(Signature of Agent, and not required when no change)

(Date)

12. OFFICERS AND DIRECTORS

NAME	PC	[]	TYPE
NAME	WRAY, PAUL	[]	TYPE
STREET ADDRESS	1410 WILLOW BROOK DRIVE	[]	TYPE
CITY/STATE	PALM HARBOR FL 34683	[]	TYPE
NAME	VDT	[]	TYPE
NAME	REBHAN, GEORGE	[]	TYPE
STREET ADDRESS	4174 NIBLICK DRIVE	[]	TYPE
CITY/STATE	LONG MONT CO 80503	[]	TYPE
NAME	SVD	[]	TYPE
NAME	CLOW, BEACH	[]	TYPE
STREET ADDRESS	4383 APPLE COURT	[]	TYPE
CITY/STATE	BOULDER CO 80301	[]	TYPE
NAME		[]	TYPE
NAME		[]	TYPE
STREET ADDRESS		[]	TYPE
CITY/STATE		[]	TYPE
NAME		[]	TYPE
NAME		[]	TYPE
STREET ADDRESS		[]	TYPE
CITY/STATE		[]	TYPE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	TYPE	[]	CHANGE	[]	ADDITION
STREET ADDRESS	TYPE	[]	CHANGE	[]	ADDITION
CITY/STATE	TYPE	[]	CHANGE	[]	ADDITION
NAME	TYPE	[]	CHANGE	[]	ADDITION
STREET ADDRESS	TYPE	[]	CHANGE	[]	ADDITION
CITY/STATE	TYPE	[]	CHANGE	[]	ADDITION
NAME	TYPE	[]	CHANGE	[]	ADDITION
STREET ADDRESS	TYPE	[]	CHANGE	[]	ADDITION
CITY/STATE	TYPE	[]	CHANGE	[]	ADDITION

14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental statement is true and accurate, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person or persons 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, and in an affidavit with an address.

SIGNATURE: Paul Wray

9/28/98 (727) 795-9127

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