

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

**FILED**  
**Apr 09 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000004756 (2)**  
 1. Corporation Name  
**QUALITATIVE MARKETING SOFTWARE, INC.**

Principal Place of Business <b>28051 US HIGHWAY 19 NORTH                  SUITE E                  CLEARWATER FL 34621                  US</b>	Mailing Address <b>28051 US HIGHWAY 19 NORTH                  SUITE E                  CLEARWATER FL 34621-2647                  US</b>
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3. Date Incorporated or Qualified <b>09/14/1994</b>	3a. Date of Last Report <b>01/30/1996</b>
4. FEI Number <b>59-3253423</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

**PRATESI, EMIL G**  
**1253 PARK STREET**  
**CLEARWATER FL 34616**

**10. Name and Address of New Registered Agent**

**81 Name**  
**Charles A. Postler**

**82 Street Address (P.O. Box Number is Not Acceptable)**  
**110 E. Madison Street**

**83**  
**Suite 200**

**84 City**  
**Tampa**

**85 Zip Code**  
**FL 33602**

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: *Charles A. Postler* DATE: **2-26-97**

Signature, typed or printed name of registered agent, and title if applicable (NOTE Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	PC	<input type="checkbox"/> DELETE
NAME	WRAY, PAUL	
STREET ADDRESS	1410 WILLOW BROOK DRIVE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	VDT	<input type="checkbox"/> DELETE
NAME	REBHAN, GEORGE	
STREET ADDRESS	4174 NIBLICK DRIVE	
CITY-ST-ZIP	LONG MONT CO 80503	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	CLOW, BEACH	
STREET ADDRESS	4383 APPLE COURT	
CITY-ST-ZIP	BOULDER CO 80301	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]* DATE: **1/30/97** 813-225-9727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)