FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandrø B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (4)TELE-QUOTE INCORPORATED Principal Place of Business Mailing Address % RESULT TECHNOLOGIES 499 SHERIDAN ST., #400 & #300 % RESULT TECHNOLOGIES 499 SHERIDAN ST., #400 & #300 DO NOT WRITE IN THIS SPACE DANIA FL 33004 DANIA FL 33004 3. Date Incorporated or Qualified 02/20/1986 2. Principal Place of Business 4. FEI Number 2a. Mailing Address 59-2638718 26 Suite, Apt. #, etc. Suite. Apt #, etc \$8.75 Additional 5. Certificate of Status Desired City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Country This corporation owes or has paid the current year Intangible 28 Personal Property Tax due June 30. 24 25 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RAPP. ROBERT % RESULT TECHNOLOGIES, INC. Street Address (P.O. Box Number is Not Acceptable) 499 SHERIDAN ST. 83 DANKA FL 33004 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.

May 12 1998 8:00am Secretary of State



4/06/58 (454) 421-2400

Applied For

Fee Required

Added to Fees

Zip Code

Not Applicable

SIGNATURE	Signature typed or printed name of registered agent and site if applicable	(NOTE Registered Agent signature re	equired when reinstating)	DATÉ	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTOR	RS IN 12
TITLE	DP DELET	E 1.1 TITLE		☐ Change	☐ Addition
NAME	SCHEIN, ALAN	1.2 NAME			
STREET ADDRESS	499 SHERIDAN ST.	1.3 STREET ADDRESS			
CITY-ST-ZIP	DANIA FL	1.4 CITY-ST-ZIP			
TITLE	CFO DELET	E 2.1 TITLE		☐ Change	Addition !
NAME	ROBERT RAPP	2.2 NAME			
STREET ADDRESS	499 SHERIDAN ST	2.3 STREET ADDRESS			
CITY-ST-ZIP	DANIA FL	2.4 CITY-ST-ZIP			
TITLE	DELET	E 31 TITLE		☐ Change	☐ Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY - ST - ZIP			
TITLE	☐ DELET	E 4.1 TITLE		Change	☐ Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY - ST - ZIP			
TITLE	☐ DELET	E 51 TITLE		☐ Change	☐ Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	DELET	E 6.1 TITLE		Change	☐ Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADORESS			
CITY-ST-ZIP		64 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.					

SIGNATURE: