

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K81483** (5)

1. Corporation Name

COMPUQUOTE, INC.



Principal Place of Business

Mailing Address

**C/O ROBERT A. COX, JR.
750 PLYMOUTH SORRENTO ROAD
APOPKA FL 32712**

**C/O ROBERT A. COX, JR.
750 PLYMOUTH SORRENTO ROAD
APOPKA FL 32712**

3. Date Incorporated or Qualified 04/19/1989	3a. Date of Last Report 08/03/1995
4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**COX, ROBERT A. JR.
750 PLYMOUTH SORRENTO ROAD
APOPKA FL 32712**

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 block 11 applicable

(Block 11: Registered Agent signature required when filing this statement)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.1 NAME
<input type="checkbox"/> DELETE	D COX, ROBERT A. JR. 750 PLYMOUTH SORRENTO RD APOPKA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	2.1 TITLE	2.1 NAME
STREET ADDRESS	STREET ADDRESS	2.2 TITLE	2.2 NAME
CITY-ST-ZIP	CITY-ST-ZIP	2.3 STREET ADDRESS	2.3 STREET ADDRESS
<input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP
TITLE	NAME	3.1 TITLE	3.1 NAME
STREET ADDRESS	STREET ADDRESS	3.2 TITLE	3.2 NAME
CITY-ST-ZIP	CITY-ST-ZIP	3.3 STREET ADDRESS	3.3 STREET ADDRESS
<input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.1 NAME
STREET ADDRESS	STREET ADDRESS	4.2 TITLE	4.2 NAME
CITY-ST-ZIP	CITY-ST-ZIP	4.3 STREET ADDRESS	4.3 STREET ADDRESS
<input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.1 NAME
STREET ADDRESS	STREET ADDRESS	5.2 TITLE	5.2 NAME
CITY-ST-ZIP	CITY-ST-ZIP	5.3 STREET ADDRESS	5.3 STREET ADDRESS
<input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.1 NAME
STREET ADDRESS	STREET ADDRESS	6.2 TITLE	6.2 NAME
CITY-ST-ZIP	CITY-ST-ZIP	6.3 STREET ADDRESS	6.3 STREET ADDRESS
<input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-96

407-886-9393

CR2E034 (3/96)