


2nd and FINAL NOTICE: File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 AUG -4 PM 1:39

FILING FEE \$ 588.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company QUINTEL CELLULAR LLC 16805 U.S. HIGHWAY 19N CLEARWATER FL 34024	DOCUMENT # M96000000286
--	--------------------------------

1a. Principal Place of Business Address 16805 U.S. HIGHWAY 19N CLEARWATER FL 34024
--

2. Principal Place of Business QUINTEL CELLULAR, LLC Suite, Apt. #, etc. 766 N.W. 57TH COURT City & State FT. LAUDERDALE, FL Zip 33309 Country USA	2a. Mailing Address QUINTEL CELLULAR, LLC Suite, Apt. #, etc. P.O. BOX 1665 City & State PEARL RIVER, N.Y. Zip 10965 Country USA	3. Date Organized or Qualified 08/01/1996	3a. State of Formation DE
		4. FEI Number 13-3899650	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report 05/01/1997	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent DARST, CHARLES R 16805 U.S. HIGHWAY 19N CLEARWATER FL 34024	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 800002612278-0 City FL -08/10/98-01131-006 ****588.75 ****588.75
---	---

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(If Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	SCHWARTZ, JEFFREY L	ONE BLUE HILL PLAZA	PEARL RIVER NY
MGR	GREENWALD, JAY	ONE BLUE HILL PLAZA	PEARL RIVER NY
MGR	STOLLMAN, ANDREW	ONE BLUE HILL PLAZA	PEARL RIVER NY
MGR	DARST, CHARLES R	16805 U.S. HIGHWAY 19N	CLEARWATER FL
MGR	AMICO, ANTHONY N JR.	16805 U.S. HIGHWAY 19N	CLEARWATER FL

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____
Signature and Printed Name of Signing Managing Member or Manager
Date _____ Daytime Phone # _____