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Apr 14, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000029375

1. Corporation Name  
THE ANSWER GROUP, INC.

Principal Place of Business  
7562 SOUTHGATE BLVD.  
N. LAUDERDALE FL 33068  
US

Mailing Address  
1320 SOUTH DIXIE HIGHWAY  
SUITE 700  
CORAL GABLES FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4370 NAUTILUS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

MIAMI BEACH, FL

Zip

Country

Zip

Country

24

25

29

33140

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GORDON, LEWIS G  
1320 SOUTH DIXIE HIGHWAY  
STE. 700  
CORAL GABLES FL 33140

81 Name

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

4370 NAUTILUS DR

83

84

MIAMI BEACH

FL

85

Zip Code  
33140

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Lewis G. Gordon Esq

4/7/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	QUINN, BRUCE	1.2 NAME	
STREET ADDRESS	7562 SOUTHGATE BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. LAUDERDALE FL 33068	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	ZEBROWSKI, JOE	2.2 NAME	
STREET ADDRESS	7562 SOUTHGATE BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. LAUDERDALE FL 33068	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	
NAME	QUINN, ANDREW	3.2 NAME	
STREET ADDRESS	7562 SOUTHGATE BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. LAUDERDALE FL 33068	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	QUINN, SHERI	4.2 NAME	
STREET ADDRESS	7562 SOUTHGATE BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	N. LAUDERDALE FL 33068	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	QUINN, DENNIS	5.2 NAME	
STREET ADDRESS	7562 SOUTHGATE BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	N. LAUDERDALE FL 33068	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99

Date

954 720-4000

Daytime Phone #

CR2E034 (1/98)