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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

**FILED** Jan 30 1998 8:00am Secretary of State

1. Corporation		(3)				
EXPRESS QUOTE SERVICES, INC.						
EXPRESS QUUTE SERVICES, INC.						
						######################################
Principal Plac	ce of Business	Mailing Address				Timis demis minet minet ginet pinet innt
3802 COCONUT PALM DR 6300 WILSON MILLS RD						
TAMPA FL 33619 MAYFIELD VILLAGE OH 441					İ	
US US				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
					09/23/1991	
Principal Place of Business     2a. Mailing Address				-	4. FEI Number	Applied For
21 26					65-0288746	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						CO 75 A-1111
22 27					5. Certificate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	
23 28						\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	v	8. This corporation owes or has paid	
24	25	29	30	•	Personal Property Tax due June 30	
9. Name and Address of Current Registered Agent			130		10. Name and Address of New Regis	
CT	CORPORATION SYSTEM		81	Name	10, Name and Address of Rest Hegi.	Acrea Agent
	00 S. PINE ISLAND ROAD			1100		ļ.
			82	Street Add	dress (P.O. Box Number is Not Acceptable	)
PL	antation FL 33324		<u> </u>			
			83	·		!
			84	City		85 Zip Code
				City		FL 85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, th office or registered agent, or both, in the State of Florida. Such change was author agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida.</li> </ol>				e-named cor	poration submits this statement for the pur	pose of changing its registered
office or s	egistered agent, or both, in the State im familiar with, and accept the oblic:	e of Florida, Such change was sations of Section 607.0505	s authorized by Florida Statute	y the corpora	ation's board of directors. I hereby accept t	he appointment as registered
			, lorida otatoto	<b>.</b>		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (N	OTE, Registered Age	ent signature requ	uired when reinstating)	DATE
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICER	
TITLE	D	DELETE	1.3 TITLE			Change Addition
NAME	CHOKEL, CHARLES B.		1.2 NAME	]		_ , <u>_</u>
STREET ADDRESS	6300 WILSON MILLS RD.		1,3 STREET	T ADDRESS		
CITY-ST-ZIP	MAYFIELD VILLAGE OH					1
TITLE	0	DELETE	1.4 CITY - S	51-ZIP		05
į	LEWIS. PETER B	L DELETE	2.1 TITLE	İ		Change Addition
NAME	•		2.2 NAME			
STREET AODRESS	6300 WILSON MILLS RD.		2.3 STREET	ADDRESS		
CITY-ST-ZIP	MAYFIELD VILLAGE OH		2. 4 CITY - 1	ST-ZIP		
TITLE	DS	☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME	SCHNEIDER, DAVID M.		3,2 NAME	- 1		
STREET ADDRESS	6300 WILSON MILLS RD.		3.3 STREET	ADDRESS		
CITY-ST-ZIP	MAYFIELD VILLAGE OH		3.4. CITY - 9			İ
TITLE	PT	DELETE	4.1 TITLE	31-21		Change Addition
NAME	RENWICK, GLEN M.		4. 2 NAME	10.	Slamo	
	6055 PARKLAND BLVD.		•		enwick, Glenn 500 Wilson Mills Road	
STREET ADDRESS	MAYFIELD HTS. OH		4.3 STREET	ADDRESS 100	SOO WISON THIS RECOV	11/2
CITY - ST - ZIP	VP		4.4 CITY - S	T-ZIP	ayfield Village of 44	
TITLE		☐ DELETE	5.1 TITLE		J	Change
NAME	DOLOHANTY, JANET A		5.2 NAME	1		
STREET ADDRESS	6300 WILSON MILS RD	1	5.3 STREET	ADDRESS 62	500 Wilson Mills Road	1
CITY-ST-ZIP	MAYFIELD VILLAGE OH		5.4 CITY-S			ĺ
TITLE		DELETE	6,1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME	1		1
STREET ADDRESS			6,3 STREET	ADDRESS		
			6.4 CITY - S			
CITY-ST-ZIP  14. I hereby certify that the information supplied with this filling does not qualify for the				I-ZIF	Section 119 07/3Vi) Florida Statutas 15:-	ther earlies that the lefamous
- TO THE CONT	army man are amountation authorised Mi	in the limb does not drawn.	or me exemb	uon sialeu in	r pection in retorgator, Florida Statutes. I tun	area certify triat trie 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 an attachment with an address.

SIGNATURE: