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Apr 29, 1999 8:00 am
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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S81852

1. Corporation Name
EXPRESS QUOTE SERVICES, INC.

Principal Place of Business	Mailing Address
3802 COCONUT PALM DR TAMPA FL 33619 US	6300 WILSON MILLS RD MAYFIELD VILLAGE OH 44124 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 09/23/1991

4. FEI Number: 65-0288746 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CHOKEL, CHARLES B.		1.2 NAME		
STREET ADDRESS	6300 WILSON MILLS RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MAYFIELD VILLAGE OH		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LEWIS, PETER B		2.2 NAME		
STREET ADDRESS	6300 WILSON MILLS RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MAYFIELD VILLAGE OH		2.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHNEIDER, DAVID M.		3.2 NAME		
STREET ADDRESS	6300 WILSON MILLS RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MAYFIELD VILLAGE OH		3.4 CITY-ST-ZIP		
TITLE	PT	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	RENWICK, GLEN M.		4.2 NAME	Renwick, Glenn M.	
STREET ADDRESS	6300 WILSON MILLS RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DOLOHANTY, JANET A		5.2 NAME		
STREET ADDRESS	6300 WILSON MILL RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	MAYFIELD VILLAGE OH		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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 Janet A. Dolohanty April 26, 1999 440-446-7902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #