

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 13 AM 9:46

DOCUMENT # F94000004756 (2)

1. Corporation Name
QUALITATIVE MARKETING SOFTWARE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 28051 US HIGHWAY 19 NORTH 28051 US HIGHWAY 19 NORTH
 CLEARWATER FL 34621 CLEARWATER FL 34621

3. Date Incorporated or Qualified 3a. Date of Last Report
 09/14/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		13-3763559 59-3253423		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>			
Zip	Country	Zip	Country	9. The corporation has liability for intangible tax under s. 190.032, Florida Statutes			
24	25	29	30	<input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PRATESI, EMIL G 1253 PARK STREET CLEARWATER FL 34618				b1 Name			
				b2 Street Address (P.O. Box Number is Not Acceptable)			
				b3			
				b4 City		FL	

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	PC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRAY, PAUL	1.2 NAME	
STREET ADDRESS	1410 WILLOW BROOK DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM HARBOR FL 34683	1.4 CITY - ST - ZIP	
TITLE	VDI	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REBHAN, GEORGE	2.2 NAME	
STREET ADDRESS	4174 NIBLUCK DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	LONG MONT CO 80503	2.4 CITY - ST - ZIP	
TITLE	SYD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLOW, BEACH	3.2 NAME	
STREET ADDRESS	4383 APPLE COURT	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOULDER CO 80301	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 110.07(3)(k), Florida Statutes. I further certify that the information indicated in 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.

SIGNATURE: *Paul A. Wray* 6/7/95 813-725-9727
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)

CR2E034 (3/95)