

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

FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # H89270 (3)
 1. Corporation Name
MAINLINE INFORMATION SYSTEMS, INC.



Principal Place of Business 3372 CAPITAL CIRCLE TALLAHASSEE FL 32308 US	Mailing Address PO BOX 3741 TALLAHASSEE FL 32315 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/11/1985	
21 Suite, Apt. #, etc.	22 City & State	26 3372 Capital Circle NE	27 City & State	4. FEI Number 59-2960721	Applied For Not Applicable
23 Zip	24 Country	28 Tallahassee FL	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
					6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
					8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KEARNEY, RICHARD S. 2845 CERCY TRACE TALLAHASSEE FL 32308				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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP KEARNEY, RICHARD S.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2845 CERCY TRACE	1.2 NAME	
STREET ADDRESS	TALLAHASSEE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VDS KEARNEY, BERNADETTE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2845 CERCY TRACE	2.2 NAME	
STREET ADDRESS	TALLAHASSEE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V PRINE, NICHOLAS E	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RT 3 BOX 127-C	3.2 NAME	
STREET ADDRESS	MONTICELLO FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V HARDY, KENNETH	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2937 ROSA DEL VILLA	4.2 NAME	
STREET ADDRESS	GULF BREEZE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	V BESLEY, MARTY	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3372 CAPITAL CIRCLE NE	5.2 NAME	
STREET ADDRESS	TALLAHASSEE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VP William Burke	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	266 Osborne Hill Rd.	6.2 NAME	
STREET ADDRESS	Fishkill, NY 12524	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.

SIGNATURE: *W. L. G.* 3-26-98 (850) 531-0000

CR2E034 (10/97)