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Mar 03, 1999 8:00 am
Secretary of State

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0051980

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # H89270

1. Corporation Name
MAINLINE INFORMATION SYSTEMS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 3372 CAPITAL CIRCLE
 TALLAHASSEE FL 32308
 US

Mailing Address
 3372 CAPITAL CIRCLE NE
 TALLAHASSEE FL 32308
 US

3. Date Incorporated or Qualified
12/11/1985

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

4. FEI Number
59-2960721

Applied For
 Yes
 Not Applicable

5. Certificate 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

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 Richard S. Kearney, President DATE 1/31/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KEARNEY, RICHARD S.	
STREET ADDRESS	2845 CERCY TRACE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VDS	<input type="checkbox"/> DELETE
NAME	KEARNEY, BERNADETTE	
STREET ADDRESS	2845 CERCY TRACE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PRINE, NICHOLAS E	
STREET ADDRESS	RT 3 BOX 127-C	
CITY-ST-ZIP	MONTICELLO FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BESLEY, MARTY	
STREET ADDRESS	3372 CAPITAL CIRCLE NE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BURKE, WILLIAM	
STREET ADDRESS	266 OSBORNE HILL RD	
CITY-ST-ZIP	FISHKILL NY 12524	
TITLE	S	<input type="checkbox"/> DELETE
NAME	Erin E. Enlow	
STREET ADDRESS	3372 Capital Circle NE	
CITY-ST-ZIP	Tallahassee, FL 32308	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VD (no longer secretary) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	3372 Capital Circle NE
5.4 CITY-ST-ZIP	Tallahassee, FL 32308
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Erin E. Enlow DATE: 1/31/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)