

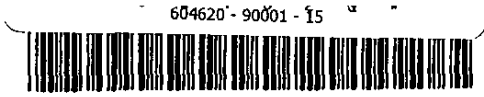
AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Jul 29, 1999 8:00 am  
Secretary of State

07-29-1999 90001 032 \*\*\*550.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000075983**  
 1. Corporation Name  
**INSIGHT SYSTEMS OF FL., INC.**



Principal Place of Business 101 N. US HWY. 27 CLERMONT FL 34711	Mailing Address 101 N. US HWY. 27 CLERMONT FL 34711
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DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified  
**09/29/1995**

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

4. FEI Number <b>59-3374347</b>	Applied For <input type="checkbox"/> Not Applicable
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 the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**SMITH, IRIS K**  
 101 N. US HWY. 27  
 CLERMONT FL 34711

10. Name and Address of New Registered Agent  
 81 Name **H. WAYNE SMITH**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**101 N. HWY 27**  
 83  
 84 City **CLERMONT** FL 85 Zip Code **34711**

11. Pursuant to the provisions of sections 607.0572 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for 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: *[Signature]* DATE: **8/5/99**

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, IRIS	
STREET ADDRESS	1237 LAVANHAM CT.	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, BENJAMIN	
STREET ADDRESS	1237 LAVANHAM CT.	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, BROOKE	
STREET ADDRESS	1237 LAVANHAM CT.	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>H. WAYNE SMITH</b>	
1.3 STREET ADDRESS	<b>101 N. HWY 27</b>	
1.4 CITY-ST-ZIP	<b>CLERMONT, FL 34711</b>	
2.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>ROSALIND MACE PUGH</b>	
2.3 STREET ADDRESS	<b>101 N. HWY 27</b>	
2.4 CITY-ST-ZIP	<b>CLERMONT FL 34711</b>	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input 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 in an attachment with an address.

SIGNATURE: *[Signature]* DATE: **7/20/99** DAYTIME PHONE #: **352-394-7887**

CR2E034 (5/99)