

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

FILED  
May 12 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 # 592953 (4)  
1. Corporation Name  
INPUT SYSTEMS, INC.

Principal Place of Business 15600 PALMETTO LAKE DRIVE MIAMI FL 33157 US	Mailing Address 15600 PALMETTO LAKE DRIVE MIAMI FL 33157 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8341 N.W. 172 St Suite, Apt. #, etc. 22		2a. Mailing Address 26 8341 N.W. 172 St Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 11/13/1978	
23 Hialeah, FL City State 24 33015 Zip 25 Dade Country		28 Hialeah, FL City State 29 33015 Zip 30 Dade Country		4. FEI Number 59-1865876 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Additional Fee Required \$8.75		9. May Be Added to Fees \$5.00			

9. Name and Address of Current Registered Agent WEAVER, JOHN W. JR. 15600 PALMETTO LAKE DRIVE MIAMI FL 33157				10. Name and Address of New Registered Agent 81 Name WEAVER, C. MICHAEL 82 Street Address (P.O. Box Number is Not Acceptable) 83 8341 N.W. 172 St. 84 City Hialeah FL 85 Zip Code 33015			
---	--	--	--	---	--	--	--

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, 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 607.0506, Florida Statutes.

SIGNATURE *C. Michael Weaver* PT 4-28-98  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PT	<input type="checkbox"/> DELETE		1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEAVER, JOHN W. JR.			1.2 NAME	WEAVER, JOHN W. JR.		
STREET ADDRESS	15600 PALMETTO LAKE DR			1.3 STREET ADDRESS	15600 PALMETTO LAKE DR.		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	MIAMI, FL 33157		
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEAVER, C. MICHAEL			2.2 NAME	WEAVER, C. MICHAEL		
STREET ADDRESS	15600 PALMETTO LAKE DRIVE			2.3 STREET ADDRESS	8341 N.W. 172 St		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	Hialeah, FL 33015		
TITLE	ST	<input type="checkbox"/> DELETE		3.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WEAVER, D. FERN			3.2 NAME	WEAVER, CINDY K.		
STREET ADDRESS	15600 PALMETTO LAKE DR			3.3 STREET ADDRESS	8341 N.W. 172 St		
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP	Hialeah, FL 33015		
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 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 my address.

SIGNATURE: *C. Michael Weaver* PT 4-28-98 (505) 825-3993

CR2E034 (10/97)