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

PROFIT CORPORATION ANNUAL REPORT

1999

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

APPROVED AND FILED

99 MAY 13 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000006197

1. Corporation Name

INTRAPRISE SOLUTIONS, INC.

Principal Place of Business — Mailing Address

2975 Rosebrook Drive
Decatur, Ga. 30033

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/24/1997

4. FEI Number: 58-2073790 [ ] Applied For [ ] 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

2. Principal Place of Business — 2a. Mailing Address

21 / 26 Suite, Apt. #, etc.
22 / 27 City & State
23 / 28 Zip, Country
24 / 25 / 29 / 30

9. Name and Address of Current Registered Agent

JAMES BUSHEY
7165 TAM O'Shanter Blvd
N. LAUDERdale, FL 33068-3663

10. Name and Address of New Registered Agent

81 Name: PAUL J. LEWIS
82 Street Address (P.O. Box Number is Not Acceptable): 175 MEADOW RIDGE DRIVE
83
84 City: TALLAHASSEE FL 85 Zip Code: 32312

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 s. Section 607.0505, Florida Statutes.

SIGNATURE [signature], PAUL J. LEWIS, VICE Pres./DIR 5/13/1999

12. OFFICERS AND DIRECTORS

TITLE	President & Chairman	[ ] DELETE
NAME	Darren C. Whitener	
STREET ADDRESS	2975 Rosebrook Drive	
CITY-ST-ZIP	Decatur, GA 30033	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE	Vice Pres & Director	[ ] Change [✓] Addition
1-2 NAME	PAUL J. LEWIS	
1-3 STREET ADDRESS	175 MEADOW RIDGE DRIVE	
1-4 CITY-ST-ZIP	TALLAHASSEE FL 32312	
2-1 TITLE		[ ] Change [ ] Addition
2-2 NAME		
2-3 STREET ADDRESS		
2-4 CITY-ST-ZIP		
3-1 TITLE		[ ] Change [ ] Addition
3-2 NAME		
3-3 STREET ADDRESS		
3-4 CITY-ST-ZIP		
4-1 TITLE		[ ] Change [ ] Addition
4-2 NAME		
4-3 STREET ADDRESS		
4-4 CITY-ST-ZIP		
5-1 TITLE		[ ] Change [ ] Addition
5-2 NAME		
5-3 STREET ADDRESS		
5-4 CITY-ST-ZIP		
6-1 TITLE		[ ] Change [ ] Addition
6-2 NAME		
6-3 STREET ADDRESS		
6-4 CITY-ST-ZIP		

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5/13/99

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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: [signature], PAUL J. LEWIS, DIRECTOR 5/13/1999 850-894-8525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #