

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

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

98 AUG 17 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K45138**
1. Corporation Name

Telemetry Systems, Inc.

Principal Place of Business Mailing Address

**6260 Colan Place
Sarasota, FL 34240**

DO NOT WRITE IN THIS SPACE

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	3. Date Incorporated or Qualified 11-15-1988	4. FEI Number 65-0087169 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 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

**Willar Brainard
4432 Rum Cay Circle
Sarasota, FL 34233**

81 Name Trudy Broxson
82 Street Address (P.O. Box Number is Not Acceptable) 3557 Downer Avenue
83 City Sarasota,
84 City FL
85 Zip Code 34240

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

Trudy Broxson

(NOTE: Registered Agent signature required when reinstating)

August 11, 1998

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President / Treasurer <input checked="" type="checkbox"/> DELETE	NAME Willar Brainard	1.1 TITLE President / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Carol Jantzen
STREET ADDRESS 4432 Rum Cay Circle	CITY-ST-ZIP Sarasota, FL 34233	1.2 STREET ADDRESS 2223 Webber Street	1.3 CITY-ST-ZIP Sarasota, FL 34239
TITLE Vice President / Secretary <input checked="" type="checkbox"/> DELETE	NAME Jerald Smith	2.1 TITLE Vice President / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Sarah W. Brainard
STREET ADDRESS 5791 North Honore Avenue	CITY-ST-ZIP Sarasota, FL 34243	2.2 STREET ADDRESS 4432 Rum Cay Circle	2.3 CITY-ST-ZIP Sarasota, FL 34233
TITLE Director <input type="checkbox"/> DELETE	NAME Willar Brainard	3.1 TITLE Treasurer / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Trudy Broxson
STREET ADDRESS 4432 Rum Cay Circle	CITY-ST-ZIP Sarasota, FL 34233	3.2 STREET ADDRESS 3557 Downer Avenue	3.3 CITY-ST-ZIP Sarasota, FL 34240
TITLE Director <input type="checkbox"/> DELETE	NAME Jerald Smith	4.1 TITLE Secretary / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Linda Smith
STREET ADDRESS 5791 North Honore Avenue	CITY-ST-ZIP Sarasota, FL 34243	4.2 STREET ADDRESS 5791 North Honore Avenue	4.3 CITY-ST-ZIP Sarasota, FL 34243
TITLE Director <input type="checkbox"/> DELETE	NAME Bruce Broxson	5.1 TITLE Director <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Clifford Stone
STREET ADDRESS 3557 Downer Avenue	CITY-ST-ZIP Sarasota, FL 34240	5.2 STREET ADDRESS 2100 Bern Creek	5.3 CITY-ST-ZIP Sarasota, FL 34230
TITLE Director <input type="checkbox"/> DELETE	NAME Paul Jantzen	6.1 TITLE	6.2 NAME
STREET ADDRESS 2223 Webber Street	CITY-ST-ZIP Sarasota, FL 34239	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.

SIGNATURE: **Sarah W. Brainard**

August 11, 1998 941-377-6711

CR2E034 (10/97)