

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathison
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001984 (2)
Corporation Name
EMERGENCY COMMUNICATIONS SYSTEMS, INC.

Principal Place of Business

Mailing Address

112 CARSWELL AVENUE
HOLLY HILL FL 32117

112 CARSWELL AVENUE
HOLLY HILL FL 32117

APPROVED
AND
FILED
96 APR 10 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/25/1995		3a. Date of Last Report	
21		26		4. FEI Number 59-3338752		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24		29					
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STERLING, STEVEN W 112 CARSWELL AVENUE HOLLY HILL FL 32117				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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, JAMES R	1.2 NAME	700001775887
STREET ADDRESS	P.O. BOX 429 N/A	1.3 STREET ADDRESS	-04/11/96--01012--005
CITY-ST-ZIP	DELAND FL 32720	1.4 CITY-ST-ZIP	****122.50 *****61.25
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REES, RON R	2.2 NAME	
STREET ADDRESS	P.O. BOX 2830 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32120	2.4 CITY-ST-ZIP	700001775887
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	-04/11/96--01012--005
NAME	HELLER, BARBARA DR.	3.2 NAME	****122.50 *****122.50
STREET ADDRESS	3869 S. ATLANTIC AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32119	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEEK, WILLIAM H M.D.	4.2 NAME	
STREET ADDRESS	P.O. BOX 1990 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, TERRY	5.2 NAME	
STREET ADDRESS	123 W. INDIANA AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32720	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLELLAND, THOMAS M	6.2 NAME	
STREET ADDRESS	424 PELICAN BAY DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)