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FILED

May 15 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000001984 (2)

1. 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 32117-5010

3. Date Incorporated or Qualified
04/25/1995

3a. Date of Last Report
04/10/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-3338752

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

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

Tracey S. Riehm

82 Street Address (P.O. Box Number is Not Acceptable)

112 Carswell Ave.

83

84 City

Holly Hill

FL

85 Zip Code

32117

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

Tracey S. Riehm

Tracey S. Riehm Director of Finance

4/28/97

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 RYAN, JAMES R

NAME P.O. BOX 429 N/A
STREET ADDRESS DELAND FL 32720
CITY-ST-ZIP

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Change Addition

TITLE D REES, RON R

NAME P.O. BOX 2830 N/A
STREET ADDRESS DAYTONA BEACH FL 32120
CITY-ST-ZIP

DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change Addition

TITLE D HELLER, BARBARA DR.

NAME 3889 S. ATLANTIC AVENUE
STREET ADDRESS DAYTONA BEACH SHORES FL 32119
CITY-ST-ZIP

DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change Addition

TITLE D MEEK, WILLIAM H M.D.

NAME P.O. BOX 1990 N/A
STREET ADDRESS DAYTONA BEACH FL 32115
CITY-ST-ZIP

DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change Addition

TITLE D HENRY, TERRY

NAME 123 W. INDIANA AVENUE
STREET ADDRESS DELAND FL 32720
CITY-ST-ZIP

DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change Addition

TITLE D MCCLELLAND, THOMAS M

NAME 424 PELICAN BAY DRIVE
STREET ADDRESS DAYTONA BEACH FL 32119
CITY-ST-ZIP

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Don B. HELLER

4/29/97

904-252-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0002140

CR2E037 (9/96)