

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001984 (2)**

1. Corporation Name

EMERGENCY COMMUNICATIONS SYSTEMS, INC.



Principal Place of Business PO BOX 6045 DAYTONA BCH FL 32122 US	Mailing Address 112 CARSWELL AVENUE HOLLY HILL FL 32117
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3. Date Incorporated or Qualified 04/25/1995
4. FEI Number 59-3338752
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 112 Carswell Ave	2a. Mailing Address 26 P.O. Box 6045
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Holly Hill FL	City & State 28 Daytona Beach FL
Zip 24 32117	Zip 29 32122
Country 25	Country 30

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent RIEHM, TRACEY S 112 CARSWELL AVE HOLLY HILL FL 32117	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

10. Name and Address of New Registered Agent	
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 Tracey Riehm TRACEY RIEHM 3/23/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D RYAN, JAMES R
STREET ADDRESS	P.O. BOX 429 N/A
CITY-ST-ZIP	DELAND FL 32720
TITLE	<input type="checkbox"/> DELETE
NAME	D REES, RON R
STREET ADDRESS	P.O. BOX 2830 N/A
CITY-ST-ZIP	DAYTONA BEACH FL 32120
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D HELLER, BARBARA DR.
STREET ADDRESS	3889 S. ATLANTIC AVENUE
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32119
TITLE	<input type="checkbox"/> DELETE
NAME	D MEEK, WILLIAM H M.D.
STREET ADDRESS	P.O. BOX 1990 N/A
CITY-ST-ZIP	DAYTONA BEACH FL 32115
TITLE	<input type="checkbox"/> DELETE
NAME	D HENRY, TERRY
STREET ADDRESS	123 W. INDIANA AVENUE
CITY-ST-ZIP	DELAND FL 32720
TITLE	<input type="checkbox"/> DELETE
NAME	D MCCLELLAND, THOMAS M
STREET ADDRESS	424 PELICAN BAY DRIVE
CITY-ST-ZIP	DAYTONA BEACH FL 32119

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	S/T/D BILL DAVIS
1.3 STREET ADDRESS	1101 South Ridgewood Ave
1.4 CITY-ST-ZIP	Edgewater, FL 32132
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D JAMES VANDERGRIFF
2.3 STREET ADDRESS	20 RICHMOND DR.
2.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	V/D MEEK, WILLIAM H. M.D.
4.3 STREET ADDRESS	P.O. Box 1990 N/A
4.4 CITY-ST-ZIP	Daytona Beach, FL 32115
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	P/D HENRY, TERRY
5.3 STREET ADDRESS	123 W. INDIANA AVE
5.4 CITY-ST-ZIP	DELAND, FL 32720
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W. Riehm 4/28/98 and 357 4970

CF2E037 (10/97)