

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Martham

6429
Secretary of State
1996 5-14-96
DEPARTMENT OF CORPORATIONS

DOCUMENT # P93000010589 (8)

1. Corporation Name

EMERALD COAST INFORMATICS, INC.

Principal Place of Business

1465 W. HWY 30A
SANTA ROSA BEACH FL 32459
US

Mailing Address

P.O. BOX 4673
SANTA ROSA BEACH FL 32459



2. Principal Place of Business

21 1331 E. NURSERY RD

Suite, Apt. #, etc.

2a. Mailing Address

26 1331 E. NURSERY RD

Suite, Apt. #, etc.

22 City & State

23 SANTA ROSA BCH, FL

ZIP

24 32459

County

27 City & State

28 SANTA ROSA BCH, FL

Zip

29 32459

30 Country

9. Name and Address of Current Registered Agent

STREICHER, ROBERT E
1465 W. HWY 30A
SANTA ROSA BEACH FL 32459

81 Name

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

83

84 City

FL 32459

Zip Code

10. Name and Address of New Registered Agent

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

ROBERT E. STREICHER

5-11-96

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

(NOTE: Registered Agent signature required when registering)

DATE

12.

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | | | |
|-------|------------------|---------------------------------|--|--------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | 1331 E. NURSERY RD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | | |
| TITLE | V | <input type="checkbox"/> DELTE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | 1331 E. NURSERY RD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | | |
| TITLE | TSD | <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | 1331 E. NURSERY RD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | | |
| TITLE | D | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | | |
| TITLE | SIMMS, EDNA L | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | | |
| TITLE | 3921 CENTRAL #20 | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | | |
| TITLE | HOT SPRINGS AK | <input type="checkbox"/> DELETE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | | |

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

SIGNATURE:

ROBERT E. STREICHER

5-10-96 904/267-0123

Date

Day and Month #

CR2E034 (12/95)