

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

FILED  
Mar 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000018908 (2)  
1. Corporation Name  
INSIGHT CONTROL SYSTEMS INTERNATIONAL, INC.

Principal Place of Business  
4900L CREEKSIDE DRIVE  
CLEARWATER FL 34620

Mailing Address  
4900L CREEKSIDE DRIVE  
CLEARWATER FL 34620

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/09/1993	
21 306 Tenth Avenue N		26 306 Tenth Avenue N		4. FEI Number 59-3171136	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State Safety Harbor, FL		28 City & State Safety Harbor, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip 34695		29 Zip 34695		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	
25 Country Pinellas		30 Country Pinellas		10. Name and Address of New Registered Agent	

THOMAS, ALAN E  
4900L CREEKSIDE DR.  
CLEARWATER FL 34620

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83 306 Tenth Avenue N	
84 City	
Safety Harbor	FL
	34695

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

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	P	1.1 TITLE	VP
NAME	THOMAS, ALAN E	1.2 NAME	Showers, Gary L.
STREET ADDRESS	3251 NICKS PLACE	1.3 STREET ADDRESS	1458 Woodstream Drive
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Oldsmar, FL 34672
TITLE	VP	2.1 TITLE	VP
NAME	ANGLIN, HUGH W JR.	2.2 NAME	Flowers, William A.
STREET ADDRESS	12185 84TH AVENUE NORTH	2.3 STREET ADDRESS	2882 Deer Run North
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP	Clearwater, FL 33761
TITLE	VP	3.1 TITLE	
NAME	LAUGHLIN, JOHN T	3.2 NAME	
STREET ADDRESS	1430 GULF BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Alan E. Thomas 3/11/98 (813) 669-9999

CF2E034 (10/97)