PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P93000018908**1. Corporation Name

INSIGHT CONTROL SYSTEMS INTERNATIONAL, INC.

								1 10 8 11081 113 10100 1111 00111 1	, 0 111 40 115 0019 1 1		/()) 40)0) 1 3)5 1 46)	
Principal Place of Business Mailing Address												
306 TENTH AVENUE N 306 TENTH AVENUE N												
SAFETY HARBO	OR FL 34695		SAFETY HARBOR FL 34968					DO NOT WRITE IN THIS SPACE				
US US			•				-	3. Date Incorporated or Qualifed				
							J.	03/09/1993			ļ	
			: Address					FEI Number			Applied For	
<u></u>			2a. Mailing Address				*.				Not Applicable	
21		26						59-3171136			5 Additional	
Suite, Apt.	#, etc.	├ ──┐	Suite, Apt. #, etc.				5.	Certificate of Status Desired			Required	
22			27				-					
City & State	9	`	City & State				6.	Election Campaign Financing		-	May Be	
23			28					Trust Fund Contribution			ed to Fees	
_ , ·	Zip Country Zip					8. This corporation owes the current year Intangible Personal Property Tax. Yes						
24	25	29		30				Personal Property Tax.	Desistered			
	9. Name and Address of Cur	rent Registere	d Agent		81	<u> </u>	10.	Name and Address of New	Registered	Agent		
TUO	ARAC ALAN E				01	Name						
THOMAS, ALAN E				1	82 Street Address (P.O. Box Number is Not Acceptable)							
306 TENTH AVENUE N												
SAF	ETY HARBOR FL 34695				83							
				1	84	City				85 Zi	ip Code	
	•				•	City			FL	. 55 -	1	
office or r	to the provisions of Sections 607, egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. S	uch change was a	iuthorized	by tr	named one corpo	corporation oration's bo	n submits this statement for th oard of directors. I hereby acc	e purpose of ept the appoin	changing ntment as	its registered registered	
	m laminar with and absort the ob		,									
SIGNATURE	Signature, typed or printed name of registered	agent and title if apple	cable. (NOTE	: Registered	Agent :	signature re	equired when r	reinstating)	DATE			
12.		AND DIRECTO		13.				ADDITIONS/CHANGES TO O	FFICERS AN	ID DIREC	TORS IN 12	
TITLE	Р		☐ DELETE	1.1 111	Œ	- 1				Chang	ge 🔲 Addition	
NAME	THOMAS, ALAN E			1.2 NA	ME							
STREET ADDRESS	3251 NICKS PLACE			1.3 ST	REET A	ADDRESS					J	
	CLEARWATER FL				Y-ST-						Ī	
CITY-ST-ZIP TITLE	VP	 	☐ DELETE	2.1 TIT		-				Chang	ge Addition	
	SHOERS, GARY L			2.2 NA		Į	Ch o	wers				
NAME	1458 WOODSTREAM DRIVE	:				, DDDF66						
STREET ADDRESS				- 1		ADDRESS						
CITY-ST-ZIP	OLDSMAR FL 34672		DELETE	2.4 CI		-ZIP				Chang	ge Addition	
TITLE	VP		☐ DELETE	3.1 111				•		-	,	
NAME	LAUGHLIN, JOHN T			3.2 NA				Rangida T	in: we	_		
STREET ADDRESS	1430 GULF BLVD					ADDRESS	287	7 Bayside I	27/17	_	ļ	
CITY-ST-ZIP	CLEARWATER FL			3.4. CI		ZIP			<u>2141</u>			
TITLE	VP			4.1 TI	LĒ					Chang	ge 🗌 Addition	
NAME.	FLOWERS, WILLIAM A			4. 2 N	AME						İ	
STREET ADDRESS	2882 DEER RUN NORTH			4.3 ST	REET	ADDRESS						
CITY-ST-ZIP	CLEARWAER FL 33761			4.4 CF	TY-ST-	ZIP						
TITLE			☐ DELETÉ	5.1 TIT	LE					Chang	ge 🗌 Addition	
NAME				5.2 NA	ME						ļ	
STREET ADDRESS				5.3 ST	REET /	ADDRESS					ĺ	
CITY-ST-ZIP				5.4 CI	TY-ST-	.ZIP						
TITLE			DELETE	6.1 TI	ΊE					Chang	ge Addition	
NAME				6.2 NA	ME						.	
CTDEET ADDRESS	2. SERVER TRANSPORT			6.3 ST	REET A	ADDRESS						

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 suppliemental 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90001 009 ***150.00