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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

FILED

Feb 24 1997 8:00am

Secretary of State

561-392-3065

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000064797 (2)

FIDELIS SYSTEMS, INCORPORATED

Principal Place of Business Mailing Address 782 CAMINO LAKES CIRCLE 792 CAMINO LAKES CIRCLE **BOCA RATON FL 33486 BOCA RATON FL 33486-6959** 3a, Date of Last Report 3. Date Incorporated or Qualified 04/18/1996 09/13/1993 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 65-0441962 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032 Yes Yo 25 30 Florida Statutes 24 29 g. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 81 Name JOHNSON, DAVID O 792 CAMINO LAKES CIRCLE Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33486** 83 Zip Code 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent eignature required when reinstating) Signal ize, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change Addition 1.1 TITLE TITLE Johnson, David O. NAME 1.2 NAME 792 CAMINO LAKES CIRCLE 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** 14 CITY-ST-ZIP 011Y-\$1-769 DELETE Change Addition **VPS** 21 TITLE TITLE JOHNSON, JACQUELINE R. NAME 22 NAME 792 CAMINO LAKES CIRCLE STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** 2.4 CITY-ST-ZIP CITY-\$1-70 DELETE Change ___ Addition 3 1 TITLE 100 F 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY - \$1 - 705 DELETE Change ___ Addition 4.1 TITLE TIT: E NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 5.1 TITLE THE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-S1-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TILLE NAMS 6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 oriector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

PHINTELYPAME OF SIGNING OFFICER OR DIRECTOR