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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000016673			
1. Corporation Name EMERGENCY ALERT AND RESPONSE SYSTEMS, INC.			
Principal Place of Business 13180 N. CLEVELAND AVE SUITE 336 N. FT. MYERS FL 33903 US		Mailing Address 13180 N. CLEVELAND AVE SUITE 336 N. FT. MYERS FL 33903 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent MOORE, THOMAS M 13180 N. CLEVELAND AVE SUITE 336 N. FT. MYERS FL 33903		10. Name and Address of New Registered Agent 81 Name GLENN A. MORTON 82 Street Address (P.O. Box Number is Not Acceptable) 2430 SHADOWLAWN DRIVE #7 83 84 City NAPLES FL 85 Zip Code 34112	
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 <i>[Signature]</i> GLENN A. MORTON 3/30/99 (NOTE: Registered Agent signature required when reinstating.)			
12. OFFICERS AND DIRECTORS TITLE DPST <input type="checkbox"/> DELETE NAME MOORE, THOMAS M STREET ADDRESS 13180 N. CLEVELAND AVE. #336 CITY-ST-ZIP N. FT. MYERS FL 33903		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 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 type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/30/99 441-656-3953