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

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 Plac	e of Business	Mailing Address				
13180 N. CLEV	eland ave	13180 N. CLEVELAND AVE				
SUITE 336 SUITE 336				DO NOT WRITE II	V THIS SPACE	
N. FT. MYERS FL 33903 N. FT. MYERS FL 33903 US				3. Date Incorporated or Qualifed	TINIO OFACE	
US		03		,		Ì
2 0	land of Dunings	2n Mailing Address		03/02/1994 4. FEI Number	T Appl	lied For
	lace of Business	2a. Mailing Address	•	,	<u> </u>	
21	9 4-	26		65-0470591		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Ac	,
22		27				
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 N	, ,
23		28	Country	Trust Fund Contribution	Added to	rees
Zip	Country	Zip	–	8. This corporation owes the current y		_No
24	25	29 3	01	Personal Property Tax. 10. Name and Address of New Regis		
	9. Name and Address of Current	Registered Agent	81 Name		stered Agent	
MOC	DRE, THOMAS M		G	ZENN A. MORT	ON	
	30 N. CLEVELAND AVE		82 Street Add	ress (P.O. Box Number is Not Acceptable)	1011/5 H-	,]
SUITE 336				O SHADOWLAWN D	MUZ #	
N. FT. MYERS FL 33903			83		•	
N. FI. MICHO PL 30900			84 City	0	85 Zip Co	ode .
			WHI	oles	FL オッ	112
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above-named corp	poration submits this statement for the purp	ose of changing its re	egistered
agent. I a	egistered agent, or both, in the state of m familiar with end accept the obligati	ons at Section 607.0505, Florid	a Statutes.	on's board of directors. I hereby accept the	s appointment as regi	J.C.C.C.
SIGNATURE		da	GLENN	-A. NORTON .	3/30/99	•
SIGIO (1 OKE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature require		DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE		
TITLE	DPST	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition }
NAME	MOORE, THOMAS M		1.2 NAME			
STREET ADDRESS			1.3 STREET ADDRESS	•	•	
CITY-ST-ZIP	N. FT. MYERS FL 33903	<u> </u>	1.4 CITY-ST-ZIP	·		
TITLE		☐ DELETE	2.1 TITLE	•	☐ Change	☐ Addition
NAME			2.2 NAME			1
STREET ADDRESS			2.3 STREET ADDRESS		•	\
CITY-ST-ZIP			2. 4 CITY+ST-ZIP			i
TITLE		☐ DELETE	3.1 TITLE	· .	☐ Change	Addition
NAME	,		3.2 NAME	•		-
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP	,		3.4. CITY-ST-ZIP			
TITLE	,	☐ DELETE	4.1 TITLE		Change	Addition
NAME		_	4. 2 NAME			}
			4.3 STREET ADDRESS			}
STREET ADDRESS	,		■ f			j
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		. Change	Addition
TITLE			5.2 NAME			
NAME			5.3 STREET ADDRESS	• • •		ľ
STREET ADDRESS						
CITY-ST-ZIP		☐ DELETE	5.4 City-St-ZiP 6.1 TITLE		☐ Change	Addition
TITLE						
	·	C DECEN				
NAME STREET ADDRESS	,	المالية	6.2 NAME 6.3 STREET 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90001 032 ***150.00