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

FILED Mar 19 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS P94000040111 (4) **DOCUMENT # ELECTRONIC SYSTEMS INTEGRATION, INC.** Principal Place of Business Mailing Address 370 CARISSA CT 370 CARISSA CT SATELLITE BEACH FL 32937 SATELLITE BEACH FL 32937 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/26/1994 2a. Mailing Address 2. Principal Place of Business Applied For 4315 WILLOUMD PARK DR Not Applicable 59-3248321 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Suite 104 City & State Fee Required City & State \$5.00 May Be 6. Election Campaign Financing 23 WOST Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 25 BRIVARD Personal Property Tax due June 30. Yes Yes 30 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name VAN PELT, RICHARD 370 CARISSA COURT 82 Street Address (P.O. Box Number is Not Acceptable) SATELLITE BEACH FL 32937 83 84 City 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NO1) Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition NAME VAN PELT, RICHARD T 1.2 NAME 370 CARISSA CT STREET ADDRESS 1.3 STREET ADDRESS SATELLITE BEACH FL 32937 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE JONES, EARL K 2.2 NAME NAME 183 MASSINI AVE 2.3 STREET ADDRESS STREET ADDRESS PALM BAY FL CITY-S1-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELFTE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5 4 City - ST - ZiP DELETE Change Addition TITLE 61 TITLE

14. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or insteed 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 part attachment with an address.

62 NAME

63 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

COY-ST-7IP