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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400060442 (8)

EMERGENCY TECHLINE INCORPORATED

Principal Place of Business Mailing Address 12900 SW 13TH MANOR **12900 SW 13TH MANOR** DAVIE FL 33325 DAVIE FL 33325

26

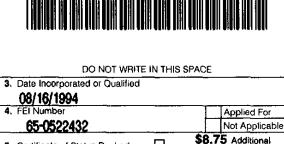
27

2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED Mar 25 1998 8:00am Secretary of State



5. Certificate of Status Desired

Fee Required

6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 □ No 25 29 30 Personal Property Tax due June 30. g, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent Name DELLAPENTA. DAVID A 12900 SW 13TH MANOR Street Address (P.O. Box Number is Not Acceptable) **DAVIE FL 33325** 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NO1E: Registered Agent signature required when reinstating) (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE DELLAPENTA, DAVID A NAME 12 NAME 12900 SW 13TH MANOR STREET ADDRESS 1.3 STREET ADDRESS **DAVIE FL 33325** CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change TITLE 2.1 TITLE DELLAPENTA, LAURA A STREET ADDRESS 12900 SW 13TH MANOR 2.3 STREET ADDRESS **DAVIE FL 33325** CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4, DITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - 7IP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 61 THLE TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. 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 m an attachment with an address.

SIGNATURE: