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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000035020(2)

1. Corporation Name
INTUITION SYSTEMS, INC.

Principal Place of Business	Mailing Address
6420 SOUTHPOINT PKWY JACKSONVILLE, FL 32216	6420 SOUTHPOINT PKWY JACKSONVILLE, FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1996

2. Principal Place of Business	2a. Mailing Address
21	26 6420 SOUTHPOINT PKWY
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 ATTN: BARRY HENRY
City & State 23	City & State 28 JACKSONVILLE, FL
Zip 24 / Country 25	Zip 29 32216 / Country 30 USA

4. FEI Number: 42-1104815 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HENRY, BARRY K. 6420 SOUTHPOINT PKWY JACKSONVILLE, FL 32216	81 Name: HENRY, BARRY K. 82 Street Address (P.O. Box Number is Not Acceptable): INTUITION SYSTEMS, INC. 83 6420 SOUTHPOINT PKWY 84 City: JACKSONVILLE FL 85 Zip Code: 32216

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: Barry K Henry (NOTE: Registered Agent signature required when reinstating) DATE: 2/26/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRAHAM, DAVID G. 6420 SOUTHPOINT PKWY JACKSONVILLE, FL 32216 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLLIER, CLAUDE 6420 SOUTHPOINT PKWY JACKSONVILLE, FL 32216 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SETTLES, STEVEN R. 6420 SOUTHPOINT PKWY JACKSONVILLE, FL 32216 ☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HENRY, BARRY K. 6420 SOUTHPOINT PKWY JACKSONVILLE, FL 32216 ☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition 700002495871 -03/09/98--01010--012 ***150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☑ Addition 3-6 JM

CR2E034 (10/97)

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 report or supplemental 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.

SIGNATURE: Barry K Henry BARRY K. HENRY 2/26/98 904-281-7161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #