

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90101 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000039003

1. Corporation Name
PRIORITY ONE SYSTEMS, INC.



Principal Place of Business 740 NE 1ST ST STE 1 POMPANO BEACH FL 33060-6306 US	Mailing Address 740 NE 1ST ST STE 1 POMPANO BEACH FL 33060-6306 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/01/1996	
4. FEI Number 65-0664114	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 4021 NE 12 Terr. Suite, Apt. #, etc. 22	2a. Mailing Address 26 4021 NE 12 Terr. Suite, Apt. #, etc. 27
City & State 23 Pompano Beach, FL	City & State 28 Pompano Beach, FL
Zip Country 24 33064 25 US	Zip Country 29 33064 30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAMILTON, JANINE M
740 NE 1ST ST
STE 1
POMPANO BEACH FL 33060-6306

81 Name JANINE HAMILTON
82 Street Address (P.O. Box Number is Not Acceptable) 4021 NE 12 Terr
83
84 City Pompano Beach
85 Zip Code FL 33064

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 *Janine Hamilton President*

4-16-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAMILTON, JANINE M		1.2 NAME	
STREET ADDRESS 740 NE 1ST ST #1		1.3 STREET ADDRESS	
CITY-ST-ZIP POMPANO BCH FL		1.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MUSSER, STEPHEN B		2.2 NAME	
STREET ADDRESS 740 NE 1ST ST #1		2.3 STREET ADDRESS	
CITY-ST-ZIP POMPANO BCH FL		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Janine Hamilton* **REGISTERED** *JANINE HAMILTON*

4-16-99 (954) 941-9893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)