


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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000041677 (1)

1. Corporation Name
ENCOMPASS INFORMATION SERVICES, INC.
FLORIDA

Principal Place of Business 145 MADEIRA AVENUE SUITE 208 CORAL GABLES FL 33134	Mailing Address 145 MADEIRA AVENUE SUITE 208 CORAL GABLES FL 33134-4520
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/14/1986		3a. Date of Last Report	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number APPLIED FOR		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
22 City & State	27	27 City & State	28	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent STRATOS, KIMARIE R 1172 SOUTH DIXIE HIGHWAY SUITE 303 CORAL GABLES FL 33148				10. Name and Address of New Registered Agent 81 Name STEVEN M. GRAY 82 Street Address (P.O. Box Number is Not Acceptable) 145 MADEIRA AVE 83 Coral Gables Fla 33134 84 City FL 85 Zip Code			
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11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 *Steven M. Gray* (NOTE: Registered Agent signature required when reinstating) *Ann L. 1997* DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	NAME	GRAY, STEVEN	1.1 TITLE		1.2 NAME	400002235264--1
STREET ADDRESS			145 MADEIRA AVENUE STE 208	1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	-07/10/97--01090--005
CITY-ST-ZIP			CORAL GABLES FL 33134	2.1 TITLE		2.2 NAME	****165.00 ****165.00
TITLE	D	NAME	FRAGA, ENRIQUE	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
STREET ADDRESS			145 MADEIRA AVENUE STE 208	3.1 TITLE		3.2 NAME	
CITY-ST-ZIP			CORAL GABLES FL 33134	3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
TITLE	D	NAME	CACASEY, PATRICK	4.1 TITLE		4.2 NAME	
STREET ADDRESS			145 MADEIRA AVENUE STE 208	4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP			CORAL GABLES FL 33134	5.1 TITLE		5.2 NAME	
TITLE		NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
STREET ADDRESS				6.1 TITLE		6.2 NAME	800002198748
CITY-ST-ZIP				6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	-06/03/97--01003--017
TITLE		NAME					***330.00
STREET ADDRESS							
CITY-ST-ZIP							

14. I do 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.

SIGNATURE *Steven M. Gray* *Ann L. 1997* DATE

CR2E034 (9/96)