

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000026345
1. Corporation Name
Emergency Alert Systems Inc.

Principal Place of Business Mailing Address
8217 W. Atlantic Blvd. Same
Coral Springs, FL 33071

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 3/18/97	
21	22	26	27	4. FEI Number 65-0739196	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Country		Country		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 Joe Little 11230 N.W. 35th St. Coral Springs, FL 33065		10. Name and Address of New Registered Agent 81 Name Mark Gonos 82 Street Address (P.O. Box Number is Not Acceptable) 9901 Fairway Cove Lane 83 84 City Plantation FL 85 Zip Code 33324	
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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 Mark S. Gonos Mark S. Gonos President 2/19/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Harry Johnson ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Chief executive officer	12 NAME	
STREET ADDRESS	344 Plantation Club Dr.	13 STREET ADDRESS	
CITY-STATE-ZIP	DeBary, FL 32713	14 CITY-STATE-ZIP	
TITLE	President ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Mark S. Gonos	22 NAME	
STREET ADDRESS	9901 Fairway Cove Lane	23 STREET ADDRESS	
CITY-STATE-ZIP	Plantation, FL 33324	24 CITY-STATE-ZIP	
TITLE	Vice President Sales & Mktg. ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	Joe Little	32 NAME	
STREET ADDRESS	11230 NW 35th St	33 STREET ADDRESS	
CITY-STATE-ZIP	Coral Springs, FL 33065	34 CITY-STATE-ZIP	
TITLE	Chris Little ☒ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	Marketing Director	42 NAME	
STREET ADDRESS	11230 NW 35th St.	43 STREET ADDRESS	
CITY-STATE-ZIP	Coral Springs, FL 33324	44 CITY-STATE-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-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.

SIGNATURE: Mark S. Gonos Mark S. Gonos 2/19/98 954-757-9641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)