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FILED
Apr 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

DOCUMENT # P97000072136 (9)
 1. Corporation Name
MERIDIAN INFORMATION SYSTEMS, INC.

Principal Place of Business: **15439 PLANTATION OAKS DR #13 TAMPA FL 33647**
 Mailing Address: **15439 PLANTATION OAKS DR #13 TAMPA FL 33647**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	15501 BRUCE B. DOWN'S BLVD	26	15501 BRUCE B. DOWN'S BLVD	08/19/1997	
Suite, Apt. #, etc. 22 SUITE 3508		Suite, Apt. #, etc. 27 SUITE 3508		4. FEI Number 59-3462378	
City & State 23 TAMPA, FL		City & State 28 TAMPA, FL		Applied For Not Applicable	
Zip 24 33647 Country 25 USA		Zip 29 33647 Country 30 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
GULLAPALLI, AJAY
15439 PLANTATION OAKS DR #13
TAMPA FL 33647

10. Name and Address of New Registered Agent

81	Name	GULLAPALLI, AJAY
82	Street Address (P.O. Box Number is Not Acceptable)	15501 BRUCE B. DOWN'S BLVD, #3508
83		
84	City	TAMPA
85	Zip Code	FL 33647

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)* (AJAY GULLAPALLI) DATE: 4/3/98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GULLAPALLI, AJAY	
STREET ADDRESS	15439 PLANTATION OAKS DR #13	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MANNE, VENKATA POORNA	
STREET ADDRESS	4001 PELHAM RD #39	
CITY-ST-ZIP	GREER SC 29650	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	YALAVARTHY, AMAR KUMAR	
STREET ADDRESS	230 PELHAM RD #32	
CITY-ST-ZIP	GREER SC 29615	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHALASANI, SUNIL	
STREET ADDRESS	28905 FRANKLIN RD #173	
CITY-ST-ZIP	SOUTHFIELD MI 48034	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ANULA, MANNE	
1.3 STREET ADDRESS	4001 PELHAM ROAD, #39	
1.4 CITY-ST-ZIP	GREER, SC 29650	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *(Signature)*, AJAY GULLAPALLI DATE: 4/3/98 (813) 615 1279

CR2E034 (10/97)