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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000085448 (3)

EMERGENT INFORMATION SYSTEMS, INC.

FILED Jan 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				71991(93) (16 1211) 3311 3311 3311 3311 3311 3311	
362 LOS PRADOS 362 LOS PRADOS					
SAFETY HARI	BOR FL 34695	SAFETY HARBOR FL	34695		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					10/02/1997
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59-3470638 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, e					5. Certificate of Status Desired \$8.75 Additional
22		27			Fee Required
City & State	9	City & State	City & State		Election Campaign Financing \$5.00 May Be
23	28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	├ ─┐	ıntry	This corporation owes or has paid the current year Intangible
24	[25]	29	30	т	Personal Property Tax due June 30. Yes No
 	g. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New Registered Agent
	ompson, diana y			I Name	
362 LOS PRADOS SAFETY HARBOR FL 34695				82 Stree	Address (P.O. Box Number is Not Acceptable)
				83	
				83	
				84 City	FL 85 Zip Code
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 typod or printed name of registrated agent and title diapplicable (NOTE Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AF	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		DELETE	1.1 T	TLE	President Change x x Addillon
NAME ,			1.2 N	AME	Diana Y. Thompson
STREET ADDRESS			1.3 \$	TREET ADDRESS	362 Los Prados
CITY-ST-ZIP			1.40	ITY-ST-ZIP	Sofety Wenhon El 24605
TITLE		DELETE	2.1 T	TLE	Safety Harbor, FL 3469 Change x Addition
NAME			2.2 N	AME	Linda Parker-Harris
STREET ADDRESS			2.3 S	FREET ADDRESS	
CITY-ST-ZIP			2.40	ITY-ST-ZIP	1082 First Street S.W.
TITLE		☐ DELETE	3.1 T	TLE	Largo, 7 1 33773 Change Addition
NAME			3.2 N	AME	
STREET ADDRESS			3.3 S	TREET ADDRESS	· .
CITY-ST-ZIP			3.4. (HY-ST-ZIP	
TITLE		☐ DELETE	. 4.1 T	TLE	Change Addition
NAME			4.21	IAME	
STREET ADDRESS			4.3 S	TREET ADDRESS	
CITY-ST-ZIP		,	4.4 C	ITY-ST-ZIP	
TITLE		☐ DELETE	: 5.1 T	1LE	Change Addition
NAME			5.2 N	AME	·
STREET ADDRESS			5.3 S	treet address	
CITY-ST-ZIP			5.4 C	ITY-ST-ZIP	
TITLE		☐ DELETE	6.1 T	TLE	☐ Change ☐ Addillon
NAME			6.2 N	AME	
STREET ADDRESS			6.3 S	TREET ADDRESS	
CITY-ST-ZIP			6.4 C	ITY-ST-ZIP	
	artifu that the information supplied	with this filing does not qualit			and in Section 119.07(3)(i). Florida Statutes, I further certify that the information

I nereby ceruity in at the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(1), Florida Statules. 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, of on an attachment with an address.