

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90013 038 ***158.75

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|-------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

DOCUMENT # P97000105043

1. Corporation Name **INSIGHT SYSTEMS PROFESSIONALS, INC.**



| | |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Principal Place of Business 225 NORTHEAST 14TH STREET DELRAY BEACH FL 33444 | Mailing Address 225 NORTHEAST 14TH STREET DELRAY BEACH FL 33444 |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Country |
| 24 | 29 |
| 25 | 30 |

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified 01/01/1998 | |
| 4. FEI Number 65-0800185 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" 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 the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

| | |
|-------------------------------------------------------|-------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | PSTD | <input type="checkbox"/> DELETE |
| NAME | HARTY, KEITH E | |
| STREET ADDRESS | 225 NORTHEAST 14TH STREET | |
| CITY-ST-ZIP | DELRAY BEACH FL 33444 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 | PSTD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Harty, Keith E | |
| 1.3 STREET ADDRESS | 225 Northeast 14th Street | |
| 1.4 CITY-ST-ZIP | Delray Beach FL 33444 | |
| 2.1 TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Fleetwood, Paul B | |
| 2.3 STREET ADDRESS | 5685 Kimbenton Way | |
| 2.4 CITY-ST-ZIP | Lake Worth, FL 33463 | |
| 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: *Keith E Harty, President* Date: *7/26/99* (561) 278-5751

CR2E034 (5/99)

Insight Systems Professionals, Inc.
225 NE 14th Street
Delray Beach, FL 33444

Pg 7000105043
597546-90013-38

July 26, 1999

Florida Department of State
Division of Corporations
Annual Report Filings
P.O. Box 1500
Tallahassee FL 32302-1500

Dear Florida Department of State:

Subject: Document # P97000105043 Late Fee Exemption Request

I called the (850) 488-9000 after receiving this "2ND Notice" and explained to a gentleman named Ed, that this was the first notice I had received, and this was the first year I had to file an annual report, and that I was expecting to receive notice from the state when the annual report was due, based on information received from my accountant when I picked up my tax returns. Ed verified that my mailing address was correct and suggested that I pay the \$150.00 fee and provide this letter of explanation. He also informed me that I would receive notice if I needed to pay the additional \$400.00.

I do not neglect paying my bills or filing my returns. This substantial fee would have never been imposed if I had received the original notice. I was expecting to hear from the state when this was due. I was beginning to become concerned and was going to call my accountant and ask about this if I had not received the report from the state by the end of June.

I feel that it would be appropriate to exempt Insight Systems Professionals, Inc. from the \$400.00 late filing penalty since this was not caused by neglect on the part of the corporation. This will not happen again now that I know when to expect the report and where to call if the report is not received. I will promptly pay the additional \$400.00 the penalty is not excused; however, I do not feel that the penalty is fair or appropriate under the circumstances.

Respectfully,

Keith E. Harty, President

Keith E. Harty
President

Insight Systems Professionals, Inc.