

09221999-90012-032-\$550.00-\$550.00


1999.

AMOUNT DUE ON OR BEFORE 08/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$799).

FILED

99 DEC -8 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000010916 1. Corporation Name ENHANCED MOBILITY SYSTEMS, INC.					
Principal Place of Business 9053 YARDARM TERRACE HOBE SOUND FL 33455			Mailing Address 9053 YARDARM TERRACE HOBE SOUND FL 33455		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/02/1998 4. FEI Number 65-0817890 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 the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent PONCY, MARK P 9053 YARDARM TERRACE HOBE SOUND FL 33455			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
11. Pursuant to the provisions of sections 607.0502 and 607.1506, 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 607.0605, Florida Statutes.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE D <input type="checkbox"/> DELETE NAME PONCY, MARK P STREET ADDRESS 9053 YARDARM TERRACE CITY-ST-ZIP HOBE SOUND FL 33455			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 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: <u>MARK P. PONCY</u> 9-14-99 56545-1232 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

9/22/99 90012032 \$550.00

DO NOT WRITE IN THIS SPACE

CR2034 (5/99)

KE

Enhanced Mobility Systems

"The Get Around Company"

December 2, 1999

Florida Department of State
Annual Reports Section

RE: Your ref no. P98000010916

Dear Sir or Madam:

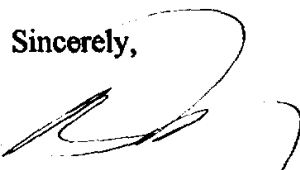
In September, we remitted our check (#1303) along with our annual corporate report, thinking we had successfully renewed our corporate registration. Unfortunately, this report was sent back, along with your request to fill in our FEI number, but we had not discovered this request until last week.

In the middle of September, our youngest son, Mike, received a severe neck injury while playing college football for Dartmouth, and the entire Fall has seen us traveling back and forth to Hanover, New Hampshire, to monitor his recovery. (The doctors say he will suffer no permanent neurological damage, a true miracle - he had broken his neck.) I have been unable to attend to my corporate affairs as diligently as I normally would have - it's been all I can do to keep the company running.

Now that things have stabilized, I am going through mountains of paperwork, and have just discovered my mistake, as well as your notice of dissolution of our corporation once you hadn't heard back from us. Please help us reinstate our company, and let me know whether you would like to cash our check or if you'd like me to write another one.

Thanks so much for your help and understanding.

Sincerely,



Mark P. Poncy
MPP/ms; encl.

8305 Garden Road • Riviera Beach, Florida 33404
Phone (561) 840-7812 • 800-552-7979 • Fax (561) 842-4889