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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 PM 12:29

DOCUMENT # **S96085** (3)

1. Corporate Name

FORESIGHT INFORMATION SYSTEMS & TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 26131 TAMPA FL 33623	P.O. BOX 26131 TAMPA FL 33623

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/22/1991
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-3098354 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

WARREN, MARTIN L.
5411 BEAUMONT CENTER BLVD.
#700
TAMPA FL 33634

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 607.1508, 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 ____

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	GREELEY, LAWRENCE E.
STREET ADDRESS	4793 BRAYTON TERRACE SO
CITY-ST-ZIP	PALM HARBOR FL
TITLE	VT
NAME	WARREN, MARTIN L.
STREET ADDRESS	7903 PAT BLVD.
CITY-ST-ZIP	TAMPA FL
TITLE	VS
NAME	CURTIS, BRUCE K.
STREET ADDRESS	5006 LANDSMAN AVE.
CITY-ST-ZIP	TAMPA FL 33625
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (blank; ☐ Change ☐ Addition for each entry)

14. I hereby certify that the information supplied with this filing is voluntary, furnished and I do not qualify for the exemption stated in Section 119.07, 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: Martin L. Warren 1/10/95 813 886-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Day Phone #

0103001 CP