

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

DOCUMENT # **S96085** (3)

1. Corporation 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**

3. Date Incorporated or Qualified **11/22/1991** 3a. Date of Last Report **01/17/1995**  
 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 **6304 Benjamin Road** 26  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 **Suite 505** 27  
 City & State City & State  
 23 **Tampa, Florida** 28  
 Zip Country Zip Country  
 24 **33634** 25 **U.S.** 29 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)  
**6304 Benjamin Road**  
 83 **Suite 505**  
 84 City **Tampa** FL 85 Zip Code **33634**

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 *Martin L. Warren* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>GREELEY, LAWRENCE E.</b>	
STREET ADDRESS	<b>4793 BRAYTON TERRACE SO</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> DELETE
NAME	<b>WARREN, MARTIN L.</b>	
STREET ADDRESS	<b>7903 PAT BLVD.</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>CURTIS, BRUCE K.</b>	
STREET ADDRESS	<b>5006 LANDSMAN AVE.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33625</b>	
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

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>3897 Ambassador Drive</b>
14 CITY-ST-ZIP	<b>Palm Harbor, FL 34685</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	<b>14006 Ellesmere Drive</b>
34 CITY-ST-ZIP	<b>Tampa, FL 33624</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, 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* **Martin L. Warren** 6/6/96 (813) 886-8400  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Type in Phone)

CR2E034 (3/96)