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Feb 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
**6304 BENJAMIN ROAD
505
TAMPA FL 33623
US**

Mailing Address
**P.O. BOX 26131
TAMPA FL 33623-6131**



3. Date Incorporated or Qualified
11/22/1991

3a. Date of Last Report
06/11/1996

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
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

9. Name and Address of Current Registered Agent

**WARREN, MARTIN L.
6304 BENJAMIN ROAD
SUITE 505
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

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREELEY, LAWRENCE E.	1.2 NAME	
STREET ADDRESS	3897 AMBASSADOR DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM HARBOR FL	1.4 CITY - ST - ZIP	
TITLE	VT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, MARTIN L.	2.2 NAME	
STREET ADDRESS	7903 PAT BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	
TITLE	VS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTIS, BRUCE K.	3.2 NAME	
STREET ADDRESS	14006 ELLESMERE DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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: *X Martin L. Warren*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2/19/97 *X 813/886-8400*
Date Daytime Phone

CR2E034 (9/96)