

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P94000079396 (5)**

1. Corporation Name  
**IAD TECHNOLOGIES CORP.**



Principal Place of Business: **3400 S. TAMiami TRAIL STE. 301 SARASOTA FL 34239 US**  
Mailing Address: **3400 S. TAMiami TRAIL STE. 301 SARASOTA FL 34239 US**

3. Date Incorporated or Qualified <b>10/28/1994</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>65-0530421</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**JAENSCH, PETER J  
3400 S. TAMiami TRAIL  
SUITE 301  
SARASOTA FL 34239**

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  
**FL**

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	
1. TITLE	<input type="checkbox"/> DELETE
2. NAME	<b>D ATTREE, RUSS</b>
3. STREET ADDRESS	<b>3400 S. TAMiami TRAIL, STE. 301</b>
4. CITY-STATE	<b>SARASOTA FL</b>
5. TITLE	<input type="checkbox"/> DELETE
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE	
9. TITLE	<input type="checkbox"/> DELETE
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE	
13. TITLE	<input type="checkbox"/> DELETE
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	<b>VP Julian Attree</b>
7. STREET ADDRESS	<b>3400 Sooth Tamiami Trail, Suite 301</b>
8. CITY-STATE-ZIP	<b>Sarasota, FL 34239</b>
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in an attachment with an address.

SIGNATURE: **Russ Attree, Director 02/06/96 941-366-9841**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)